

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75254

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: PALM COAST PEST CONTROL, INC.

## Current Principal Place of Business:

1461 CYPRESS DRIVE  
JUPITER, FL 33469 US

## New Principal Place of Business:

## Current Mailing Address:

1461 CYPRESS DRIVE  
JUPITER, FL 33469 US

## New Mailing Address:

FEI Number: 65-0194846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGALDI, VICTORIA S  
1300 PENINSULAR ROAD  
JUPITER, FL 33469 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAGALDI, VICTORIA S  
Address: 1461 CYPRESS DRIVE  
City-St-Zip: JUPITER, FL 33469

Title: VP ( ) Delete  
Name: MAGALDI, VICTORIA S  
Address: 1461 CYPRESS DRIVE  
City-St-Zip: JUPITER, FL 33469

Title: S ( ) Delete  
Name: MAGALDI, VICTORIA  
Address: 1461 CYPRESS DRIVE  
City-St-Zip: JUPITER, FL 33469

Title: T ( ) Delete  
Name: DUPREY, MARINA  
Address: 13752 EXOTICA LANE  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA S MAGALDI

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date