

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92195

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** PEARCE POWER SPRAYING AND PEST CONTROL, INC.

**Current Principal Place of Business:**

694 ATLANTIS RD  
#8  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

694 ATLANTIS RD  
#8  
MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 65-0212253      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARCE, DAVID CHRISTOP  
250 RIGGS AVE  
MELBOURNE, FL 32951 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: D  
Name: PEARCE, DAVID C.  
Address: 694 ATLANTIS RD, #8  
City-St-Zip: MELBOURNE, FL 32904

Title: D  
Name: PEARCE, KAREN ELAINE  
Address: 694 ATLANTIS RD, #8  
City-St-Zip: MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: DAVID PEARCE

P

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date