

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013067

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** EAST COAST PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

3283 SW 42 AVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

15097 73 ST. NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

PO BOX 1174  
PALM CITY, FL 34991

**New Mailing Address:**

**FEI Number:** 65-0995645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALUSKY, LENNY  
3283 SW 42 AVE  
PALM CITY, FL 34990 US

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

MALUSKY, LENNY  
15097 73 ST. NORTH  
LOXAHATCHEE, FL 33470 US

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: LENNY MALUSKY

02/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALUSKY, LENNY  
Address: 15097 73ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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: LENNY MALUSKY

PRES

02/05/2011

Electronic Signature of Signing Officer or Director

Date