

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031628

FILED
Mar 30, 2009
Secretary of State

Entity Name: FLORIDA ENVIRONMENTAL PEST CONTROL, INC.

Current Principal Place of Business:

5358 BAYSHORE AVE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1616
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 65-0991439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORBURN, RAY M
20313 LADNER AVE
PORT CHARLOTTE, FL 33954 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: PMGR () Delete
Name: THORBURN, RAY M
Address: 20313 LADNER AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S () Delete
Name: MURONE, JOHN
Address: 5358 BAYSHORE AVE.
City-St-Zip: CAPE CORAL, FL 33903

Title: T () Delete
Name: MERCIER, MARK
Address: 5005 CAPRI AVE.
City-St-Zip: SARASOTA, FL 34235

Title: VP () Delete
Name: THORBURN, DENISE
Address: 20313 LADNER AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

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: RAY THORBURN

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date