

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067820

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** NORDIC PEST CONTROL PLUS, INC.

**Current Principal Place of Business:**

11440 OKEECHOBEE BLVD  
SUITE 210 B  
ROYAL PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

POB 542603  
LAKE WORTH, FL 33454

**New Mailing Address:**

FEI Number: 65-1039982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHARDT, CHRIS  
475 AUTUMN TRAIL  
PALM BEACH GARDENS, FL 33410      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  
Name: CHARDT, CHRIS  
Address: 475 AUTUMN TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V  
Name: MANNION, MARTIN J  
Address: 149 BEDFORD F  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPAD  
Name: CHARDT, PAULINE  
Address: 475 AUTUMN TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410 FL

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: CHRIS CHARDT

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

PRES

02/16/2010

\_\_\_\_\_ Date