

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003025

FILED  
Jul 08, 2009  
Secretary of State

Entity Name: BBM PEST CONTROL MANAGEMENT, INC.

## Current Principal Place of Business:

710 NW 92 AVE  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

710 NW 92 AVE  
PEMBROKE PINES, FL 33024

## New Mailing Address:

5754 NW 48 DR  
CORAL SPRINGS, FL 33067

FEI Number: 65-1067840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARDO, JOHN DEL  
11412 CHISHOLM WAY  
BOCA RATON, FL 33428 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEL GARDO, JOHN  
Address: 11412 CHISHOLM WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete  
Name: MICELI, JOHN M  
Address: 5730 NW 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ST ( ) Delete  
Name: DEL GARDO, MICHELLE  
Address: 11412 CHISHOLM WAY  
City-St-Zip: CORAL SPRINGS, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MICELI, JOHN M  
Address: 5754 NW 48TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: JOHN L MICELI

VP

07/08/2009

Electronic Signature of Signing Officer or Director

Date