

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000067446

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** ACCESS TERMITE PEST CONTROL, INC.

**Current Principal Place of Business:**

4600 TOUCHTON RD  
STE 1150  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

944 SHETTER AVENUE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4019 CEDAR ISLAND RD. E.  
JACKSONVILLE, FL 322502208 US

**New Mailing Address:**

944 SHETTER AVENUE  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-3728552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELDRIDGE, DAVID T MR  
4019 CEDAR ISLAND RD E  
JACKSONVILLE, FL 322502208 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ELDRIDGE, DAVID T  
Address: 4019 CEDAR ISLAND RD E  
City-St-Zip: JACKSONVILLE, FL 322502208 US

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 T. ELDRIDGE

PSTD

03/02/2012

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

\_\_\_\_\_  
Date