

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116764

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** WALKER PEST CONTROL COMPANY OF CLERMONT, INC.

**Current Principal Place of Business:**

540 4TH ST.  
CLERMONT, FL 34711

**New Principal Place of Business:**

540 4TH ST.  
CLERMONT, FL 34711 US

**Current Mailing Address:**

540 4TH ST.  
CLERMONT, FL 347112202

**New Mailing Address:**

540 4TH ST.  
CLERMONT, FL 34711 US

**FEI Number:** 01-0559048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VELER, JOAN M  
20049 S. W. MARINE BLVD.  
DUNNELLON, FL 34431 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: PD ( ) Delete  
Name: WALKER, THOMAS J  
Address: 540 4TH ST  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WALKER, THOMAS J  
Address: 540 4TH ST  
City-St-Zip: CLERMONT, FL 34711 US

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:** THOMAS J. WALKER

PD

03/23/2009

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

\_\_\_\_\_  
Date