

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116764

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

540 4TH ST.  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 4TH ST.  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 01-0559048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VELER, JOAN M  
12530 SE 141ST AVENUE ROAD  
OCKLAWAHA, FL 32179 US

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

VELER, JOAN M  
824 CR 466  
APT. 6202  
LADY LAKE, FL 32159 US

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

01/05/2012

Date

**OFFICERS AND DIRECTORS:**

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

Title: PD  
Name: WALKER, THOMAS J PD  
Address: 540 4TH STREET  
City-St-Zip: CLERMONT, FL 34711 US

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Title: PD  
Name: WALKER, THOMAS J PD  
Address: 540 4TH STREET  
City-St-Zip: CLERMONT, FL 34711 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: THOMAS J. WALKER

PD

01/05/2012

Electronic Signature of Signing Officer or Director

Date