

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012795

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SUN TERMITE & PEST CONTROL, INC.

**Current Principal Place of Business:**

2747 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

2747 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 14-1869360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MISSO, JAMES C  
4652 BLOUNT AVE.  
JACKSONVILLE, FL 32210 US

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

MISSO, JAMES C  
2520 DUNDEE DR.  
TALLAHASSEE, FL 32308 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

01/09/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MISSO, JAMES C  
Address: 2520 DUNDEE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: V  
Name: MISSO, MARSHA B  
Address: 2520 DUNDEE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VM  
Name: MISSO, CHRISTOPHER C  
Address: 2524 DUNDEE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

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: JAMES C. MISSO

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

P

01/09/2011

\_\_\_\_\_  
Date