

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017135

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: ACTION PEST CONTROL OF PALM BEACH, INC.

## Current Principal Place of Business:

139 S.E. 11TH AVENUE  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

981 SW JACQUELINE AVE  
PT ST LUCIE, FL 33435

## Current Mailing Address:

139 S.E. 11TH AVENUE  
BOYNTON BEACH, FL 33435

## New Mailing Address:

981SW JACQUELINE AVE  
PT ST LUCIE, FL 34953

FEI Number: 04-3712767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VILLE, TIMOTHY  
1571 GRAND FERN AVENUE  
WEST PALM BEACH, FL 33415 US

## Name and Address of New Registered Agent:

VILLE, TIMOTHY  
981 SW JACQUELINE  
PT ST LUCIE, FL 34953 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:

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VILLE, TIMOTHY  
Address: 1571 GRAND FERN AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete  
Name: VILLE, TIMOTHY  
Address: 981 SW JACQUELINE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VILLE, TIMOTHY  
Address: 981SW JACQUELINE AVE  
City-St-Zip: PT ST LUCIE, FL 34953

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: TIMOTHY VILLE

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date