

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000104899

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** SOLUTIONS PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

2840 WORTH AVE  
#7-8  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

13442 BENNETT DR  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

**FEI Number:** 37-1443567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BILHANDT, ANTHONY J  
13442 BENNETT DR  
PORT CHARLOTTE, FL 33981 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: PVT  
Name: BILHARDT, ANTHONY J  
Address: 13442 BENNETT DR  
City-St-Zip: PORT CHARLOTTE, FL 33981

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: ANTHONY J BILHARDT

PVT

03/14/2011

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

\_\_\_\_\_  
Date