

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106287

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** S.W.A.T. PEST CONTROL OF NORTHWEST FLORIDA, CORPORATION

**Current Principal Place of Business:**

2907 NORTH HWY 231  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

2907 NORTH HWY 231  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

FEI Number: 20-0303408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DREYER, MARK  
747 JENKS AVENUE  
SUITE: G  
PANAMA CITY, FL 32401 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: D  
Name: HYDE, SHAWN L VP  
Address: 2907 NORTH HWY 231  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D  
Name: HYDE, JOANNA Y PRES  
Address: 2907 NORTH HWY 231  
City-St-Zip: PANAMA CITY, FL 32405 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: JOANNA Y. HYDE

PRES

01/06/2011

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

\_\_\_\_\_  
Date