

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143685

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** GULF BREEZE PEST CONTROL, INC.

**Current Principal Place of Business:**

3463 DOYLE HAWKINS RD.  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

3463 DOYLE HAWKINS RD.  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 20-0558513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHARON, RICHARD H JR.  
3463 DOYLE HAWKINS RD.  
NAVARRE, FL 32566 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: P  
Name: SHARON, RICHARD H JR.  
Address: 3463 DOYLE HAWKINS RD.  
City-St-Zip: NAVARRE, FL 32566 US

Title: S  
Name: SHARON, RICHARD H JR.  
Address: 3463 DOYLE HAWKINS RD.  
City-St-Zip: NAVARRE, FL 32566 US

Title: T  
Name: SHARON, RICHARD H JR.  
Address: 3463 DOYLE HAWKINS RD.  
City-St-Zip: NAVARRE, FL 32566 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: RICHARD H. SHARON JR.

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date