

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000005369

Entity Name: ABATE A PEST, INC.

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

**Current Principal Place of Business:**

8994 ENCHANTMENT DR.  
LARGO,, FL 33773

**New Principal Place of Business:**

8994 ENCHANTMENT DR  
LARGO, FL 33773

**Current Mailing Address:**

8994 ENCHANTMENT DR.  
LARGO,, FL 33773

**New Mailing Address:**

8994 ENCHANTMENT DR  
LARGO, FL 33773 US

FEI Number: 20-0571384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWENSON, RALPH E SR.  
8994 ENCHANTMENT DR.  
LARGO, FL 33773 US

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

SWENSON, RALPH SR.  
8994 ENCHANTMENT DR  
LARGO, FL 33773 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: RALPH SWENSON, SR.

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SWENSON, RALPH SR.  
Address: 8994 ENCHANTMENT DR  
City-St-Zip: LARGO, FL 33773 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: RALPH SWENSON, SR.

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date