

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029077

FILED
Aug 31, 2009
Secretary of State

Entity Name: ANDERSON PEST & TERMITE SPECIALIST, INC.

Current Principal Place of Business:

1031 US HWY 90 W
STE 4
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

75 TIGER LARID RD
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

PO BOX 1018
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

75 TIGER LARID RD
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 20-0619946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, BOBBY G
1031 US HWY 90 W
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

ANDERSON, BOBBY G
75 TIGER LARID RD
DEFUNIAK SPRINGS, FL 32435 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:

08/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, BOBBY G
Address: 159 LAKE CIRCLE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ANDERSON, SCOTT A
Address: 75 TIGER LARID RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: BOBBY ANDERSON

D

08/31/2009

Electronic Signature of Signing Officer or Director

Date