

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000131742

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL PEST SERVICES INC.

**Current Principal Place of Business:**

1242 BILTMORE STREET  
UNIT H  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

1242 SW BILTMORE STREET  
UNIT H  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

P O BOX 13115  
FORT PIERCE, FL 34979

**New Mailing Address:**

**FEI Number:** 83-0406790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARDONA, ABRAHAM  
582 SE FAITH TERR.  
PORT SAINT LUCIE, FL 34983 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: PD  
Name: CARDONA, ABRAHAM  
Address: 582 SE FAITH TERR.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP  
Name: HOKE, JAMES  
Address: 1104 WEST JOY LANE  
City-St-Zip: FT. PIERCE, FL 34945

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: ABRAHAM G. CARDONA

PD

04/12/2012

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

\_\_\_\_\_  
Date