

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000171491

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Entity Name:** DELTONA EXTERMINATING & LAWN CARE, INC.

**Current Principal Place of Business:**

1654 PROVIDENCE BOULEVARD  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1654 PROVIDENCE BOULEVARD  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 20-2064944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUER, KIRK T  
223 SOUTH WOODLAND BLVD.  
DELAND, FL 32720 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: PTD  
Name: MACKRODT, JOHN  
Address: 1654 PROVIDENCE BOULEVARD  
City-St-Zip: DELTONA, FL 32725

Title: SD  
Name: MACKRODT, KIM  
Address: 1654 PROVIDENCE BOULEVARD  
City-St-Zip: DELTONA, FL 32725

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: JOHN MACKRODT

PRES

08/31/2011

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

\_\_\_\_\_  
Date