

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113736

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: COAST TO COAST PEST CONTROL, INC.

**Current Principal Place of Business:**

815-10TH COURT, S.W.  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 651477  
VERO BEACH, FL 32965

**New Mailing Address:**

FEI Number: 01-0874989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: GOMEZ, JEFFREY  
Address: PO BOX 651477  
City-St-Zip: VERO BEACH, FL 32965

Title: SVP ( ) Delete  
Name: GOMEZ, BETTY  
Address: 2676 12TH STREET  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JEFFREY GOMEZ

PRES

01/13/2009

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

\_\_\_\_\_  
Date