

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121668

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: GEM PEST CONTROL INC.

## Current Principal Place of Business:

3815 THOMASSON DR.  
NAPLES, FL 34112 US

## New Principal Place of Business:

## Current Mailing Address:

3815 THOMASSON DR.  
NAPLES, FL 34112 US

## New Mailing Address:

FEI Number: 20-5592664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITCHELL, GREGG E  
3815 THOMASSON DR.  
NAPLES, FL 34112 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: P.  
Name: MITCHELL, GREGG E  
Address: 3815 THOMASSON DR.  
City-St-Zip: NAPLES, FL 34112 US

Title: VP  
Name: MITCHELL, GREGG E  
Address: 3815 THOMASSON DR.  
City-St-Zip: NAPLES, FL 34112 US

Title: CHAR  
Name: MITCHELL, GREGG E  
Address: 3815 THOMASSON DR.  
City-St-Zip: NAPLES, FL 34112 US

Title: DIR.  
Name: MITCHELL, GREGG E  
Address: 3815 THOMASSON DR.  
City-St-Zip: NAPLES, FL 34112 US

Title: SEC.  
Name: MITCHELL, GREGG E  
Address: 3815 THOMASSON DR.  
City-St-Zip: NAPLES, FL 34112 US

Title: TREA  
Name: MITCHELL, GREGG E  
Address: 3815 THOMASSON DR.  
City-St-Zip: NAPLES, FL 34112 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: GREGG E. MITCHELL

PRES

04/30/2011

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

\_\_\_\_\_  
Date