

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106442

FILED  
May 14, 2012  
Secretary of State

Entity Name: FLEMING PEST MANAGEMENT, INC.

## Current Principal Place of Business:

4316 1ST STREET S.W.  
LEHIGH ACRES, FL 33976 US

## New Principal Place of Business:

3013 EVERCANE RD  
CLEWISTON, FL 33440 US

## Current Mailing Address:

301 LYTLE ST  
WEST PALM BEACH, FL 33405 US

## New Mailing Address:

3013 EVERCANE RD  
CLEWISTON, FL 33440 US

FEI Number: 32-0218070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, VICKI  
4316 1ST STREET S.W.  
LEHIGH ACRES, FL 33976 US

## Name and Address of New Registered Agent:

WILSON, VICKI  
3013 EVERCANE RD  
CLEWISTON, FL 33440 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: VICKI L WILSON

05/14/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P, D  
Name: WILSON, VICKI  
Address: 16189 62ND RD N  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: S, T  
Name: WILSON, VICKI  
Address: 16189 62ND RD N  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP  
Name: WILSON, DOUGLAS E  
Address: 16189 62ND RD N  
City-St-Zip: LOXAHATCHEE, FL 33470

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: VICKI L WILSON

PRES

05/14/2012

Electronic Signature of Signing Officer or Director

Date