

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030091

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH PEST CONTROL, INC.

**Current Principal Place of Business:**

1126 FARGO AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1126 FARGO AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-2341587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLEVINGER, CLAUDE JR  
1126 SW FARGO AVE  
PORT ST LUCIE, FL 34953 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: CLEVINGER, CLAUDE JR  
Address: 1126 SW FARGO AVE  
City-St-Zip: PORT ST LUCIE,, FL 34953

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: CLAUDE CLEVINGER JR

OWNE

02/28/2011

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

\_\_\_\_\_  
Date