

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000054908

Entity Name: ENVIRO PEST SOLUTIONS INC

FILED  
Nov 09, 2009  
Secretary of State

## Current Principal Place of Business:

10030 EW PAPPY ROAD  
3144  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

## New Mailing Address:

10030 EW PAPPY ROAD  
3144  
JACKSONVILLE, FL 32259

## Current Mailing Address:

260 OLD VILLAGE CENTER CIRCLE  
8204  
SAINT AUGUSTINE, FL 32084

FEI Number: 26-2755804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITTER, MELVIN P  
260 OLD VILLAGE CENTER CIRCLE  
8204  
SAINT AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

RITTER, MELVIN P  
122 BICKFORD DR.  
PALM COAST, FL 32137 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: MELVIN RITTER

11/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RITTER, MELVIN P  
Address: 260 OLD VILLAGE CENTER CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RITTER, MELVIN P  
Address: 122 BICKFORD DR.  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Change (X) Addition  
Name: RITTER, MYRON B  
Address: 420 EAST GALVEZ LN.  
City-St-Zip: PONTE VEDRA, FL 32081

Title: VP ( ) Change (X) Addition  
Name: SAFFA, DANIEL  
Address: 122 BICKFORD DR.  
City-St-Zip: PALM COAST, FL 32137

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: MELVIN RITTER

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date