

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065627

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: RIVERSIDE PEST CONTROL, INC.

**Current Principal Place of Business:**

216-B N 3RD STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490477  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number: 90-0475017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMENTS, ROBERT H  
914 SHORE ACRES DRIVE  
LEESBURG, FL 34748 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

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: PHILLIPS, MARY G  
Address: 1050 BOYLESTON STREET  
City-St-Zip: LEESBURG, FL 34748

Title: V ( ) Delete  
Name: DICKERSON, JOHN JR.  
Address: 1050 BOYLESTON STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ST ( ) Delete  
Name: CLEMENTS, ROBERT  
Address: 914 SHORE ACRES DRIVE  
City-St-Zip: LEESBURG, FL 34748

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

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

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: JOHN DICKERSON, JR.

VP

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date