

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089307

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** SAVINGS PEST CONTROL "INC."

**Current Principal Place of Business:**

4850 65TH ST.  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

1330 OLD DIXIE HWY SW  
#11  
VERO BEACH, FL 32962 US

**Current Mailing Address:**

P.O. BOX 651264  
VERO BEACH, FL 32965

**New Mailing Address:**

**FEI Number:** 26-3509828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FENNEWALD, SHAWN K  
4850 65 TH ST  
VERO BEACH, FL 32967 US

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

FENNEWALD, SHAWN K  
6486 51ST AVE  
VERO BEACH, FL 32967 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

05/01/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FENNEWALD, SHAWN K  
Address: 6486 51ST AVE  
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP  
Name: FENNEWALD, MATALIA A  
Address: 6486 51ST AVE.  
City-St-Zip: VERO BEACH, FL 32967 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: SHAWN FENNEWALD

CEO

05/01/2012

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

\_\_\_\_\_  
Date