

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000000924

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** ISLAND PEST AND TERMITE CONTROL INC.

**Current Principal Place of Business:**

3010 AVENUE C  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1501  
ANNA MARIA, FL 34216 US

**New Mailing Address:**

**FEI Number:** 26-4045519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** DP  
**Name:** PREJAWA, WOLFGANG  
**Address:** PETER-VISCHER-STR. 17  
**City-St-Zip:** BERLIN GERMANY, OC 12157 OC

**Title:** ST  
**Name:** LABRIE, NICOLE  
**Address:** 3609 47TH AVENUE W  
**City-St-Zip:** BRADENTON, FL 34210 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:** WOLFGANG PREJAWA

OWNE

02/20/2011

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

\_\_\_\_\_  
Date