

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000045321

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** PEST CONTROL BY JIM WELCH, INC.

**Current Principal Place of Business:**

16540 HILL N. DALE  
HUDSON, FL 34667

**New Principal Place of Business:**

10430 GRIMES STREET  
SPRING HILL, FL 34608

**Current Mailing Address:**

16540 HILL N. DALE  
HUDSON, FL 34667

**New Mailing Address:**

10430 GRIMES STREET  
SPRING HILL, FL 34608

**FEI Number:** 27-0283126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELCH, JIM  
16540 HILL N. DALE  
HUDSON, FL 34667 US

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

WELCH, JIM  
10430 GRIMES STREET  
SPRING HILL, FL 34608 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:** JIM WELCH

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WELCH, JIM  
**Address:** 10430 GRIMES ST  
**City-St-Zip:** SPRING HILL, FL 34608

**Title:** D  
**Name:** WELCH, JIM  
**Address:** 10430 GRIMES ST  
**City-St-Zip:** SPRING HILL, FL 34608

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:** JIM WELCH

P

04/08/2011

Electronic Signature of Signing Officer or Director

Date