

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051860

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** SUPERIOR TERMITE AND PEST CONTROL, INC.

**Current Principal Place of Business:**

1919 N.E. JACKSONVILLE ROAD  
SUITE 103  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1919 N.E. JACKSONVILLE ROAD  
SUITE 103  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

MAY, ROBERT C  
1919 N.E. JACKSONVILLE ROAD  
SUITE 103  
OCALA, FL 34470 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: P  
Name: MAY, ROBERT C  
Address: 1919 N.E. JACKSONVILLE ROAD, SUITE 103  
City-St-Zip: OCALA, FL 34470 US

Title: VP  
Name: MAY, ANNETTE C  
Address: 1919 N.E. JACKSONVILLE ROAD, SUITE 103  
City-St-Zip: OCALA, FL 34470 US

Title: S/T  
Name: MAY, ROBERT C  
Address: 1919 N.E. JACKSONVILLE ROAD, SUITE 103  
City-St-Zip: OCALA, FL 34470 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: ROBERT C MAY

P

04/05/2012

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

\_\_\_\_\_  
Date