

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000032533

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** SILVERADO PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

1634 STEVENS AVENUE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

5012 COUNTY ROAD 48  
OKAHUMPKA, FL 34762 US

**New Mailing Address:**

**FEI Number:** 45-1501256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAULSBURY, MYSIE  
5012 COUNTY ROAD 48  
OKAHUMPKA, FL 34762 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/D  
Name: SAULSBURY, JOHN  
Address: 5012 COUNTY ROAD 48  
City-St-Zip: OKAHUMPKA, FL 34762 US

Title: S/T  
Name: SAULSBURY, MYSIE  
Address: 5012 COUNTY ROAD 48  
City-St-Zip: OKAHUMPKA, FL 34762 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: MYSIE S SAULSBURY

S/T

03/27/2012

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

\_\_\_\_\_  
Date