

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000034363

**FILED**  
**Jan 22, 2012**  
**Secretary of State**

**Entity Name:** 4 ALL SEASONS PEST CONTROL INC

**Current Principal Place of Business:**

4855 DISTRIBUTION COURT  
ORLANDO, FL 32822

**New Principal Place of Business:**

4854 DISTRIBUTION COURT  
SUITE 8  
ORLANDO, FL 32822

**Current Mailing Address:**

4855 DISTRIBUTION COURT  
ORLANDO, FL 32822

**New Mailing Address:**

4854 DISTRIBUTION COURT  
SUITE 8  
ORLANDO, FL 32822

**FEI Number:** 27-4717179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONATO, KYLE  
4855 DISTRIBUTION COURT  
ORLANDO, FL 32822 US

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

DONATO, KYLE VP  
4854 DISTRIBUTION COURT  
SUITE 8  
ORLANDO, FL 32822 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: KYLE DONATO

01/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: IVERSEN, THOMAS W  
Address: 4854 DISTRIBUTION COURT  
City-St-Zip: ORLANDO, FL 32822 US

Title: VP  
Name: DONATO, KYLE  
Address: 4854 DISTRIBUTION COURT  
City-St-Zip: ORLANDO, FL 32822 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: THOMAS IVERSEN

PRES

01/22/2012

Electronic Signature of Signing Officer or Director

Date