## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

		ANNUA	LKEPUKI		<u> </u>	-				
DOCUMENT # P93000062416								FI	LED	†
KAREN'S PEST CONTROL, INC.						)			8 PM :	
Principal Place of Business Mailing Address							SE	ORETA.	RY OF SEE. FL	STATE
8739 FLORADORA DR			8739 FLORADORA DR NEW PORT RICHEY, FL 34654				IAL	CAHA5	Stt. Fl	LORIDA
NEW PORT RICHEY, FL 34654 NEW PORT RICHE				L 34034	•	LINAMENI	1)	el band Bins in	EII BIES: 14816 S	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite. Apt. #, etc.			Suite, Apt. #, etc.			04212011	Chg-P	CR2E0	34 (11/08)	
City & State			City & State			4. FEI Numb			<u> </u>	pplied For ot Applicable
Zip	Country		Zip Count		ntry		e of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent						7. Name an	d Address of New R			
DESIDER			Name							
8739 FLORADORA DR NEW PORT RICHEY, FL 34654			-		Street Address	(P.O. Box Numb	per is Not Acceptable	<del>-</del>		
					City			FL.	Zıp Cod	le
8. 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. I am familiar with the obligations of registered agent.										and accept
SIGNATURE										
	Signature, typed	or printed name of registered agen	BOA) the if applicable (NO)	IE Hametera	d Agent signature require	d when reinstating)		DATE	<u> </u>	
FILE NOWIII FEE IS \$150.00  After May 1, 2011 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME	PRES Deleie TITL DESIDERIO, KAREN								☐ Change	Addition
STREET ADDRESS	8739 FLO	RADORA DR		STREET ADDR						
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654 CITY  Delote 11TL				<del>`</del> -		<u> </u>	<u>-</u>	☐ Change	Addition
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12. I hereby c	ertify that the	information supplied with	this filing does not quality to		ST-ZIP	Lin Chapter 11	Florida Statutan III	further cort	fu that the !-	formation
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 it changed or on an attachment with an address, with all other like empowered										
SIGNATURE: KAREN DESIDERIO 4/26/11 727 857:37 88										