

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000078922

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** J.D. SMITH TERMITE & PEST CONTROL OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

8805 E. MOCCASIN SLOUGH RD.  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 549  
INVERNESS, FL 34451 US

**New Mailing Address:**

**FEI Number:** 59-3206649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, JAMES D III  
8805 E MOCCASIN SLOUGH RD  
INVERNESS, FL 34450 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: PTS  
Name: SMITH, JAMES D III  
Address: 8805E MOCCASIN SLOUGH RD  
City-St-Zip: INVERNESS, FK

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: JAMES D. SMITH III

P

04/29/2011

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

\_\_\_\_\_  
Date