

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043371

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** EASTERN EXTERMINATING, INC.

**Current Principal Place of Business:**

953 NW 3RD AVE, SUITE 11  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

953 NW 3RD AVE, SUITE 11  
FLORIDA CITY, FL 33034 US

**New Mailing Address:**

**FEI Number:** 65-0494903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTER, LORI A  
953 NW 3RD AVE, SUITE 11  
FLORIDA CITY, FL 33034 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: DP  
Name: PORTER, LORI A  
Address: 953 NW 3RD AVE, SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: DSVP  
Name: PORTER, POWELL  
Address: 953 NW 3RD AVE, SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: D  
Name: STOREY, JUSTIN C  
Address: 953 NW 3RD AVE, SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: T  
Name: STOREY, MARIA L  
Address: 953 NW 3RD AVE, SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034 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: MARIA STOREY

T

04/30/2012

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

\_\_\_\_\_  
Date