

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000051379

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** GATOR PEST CONTROL, INC.

**Current Principal Place of Business:**

2149 AURORA ROAD  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 360836  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 59-3252115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLAVERDE, AGUSTIN  
5225 SORRELL DRIVE  
MELBOURNE, FL 32934 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: PVPS  
Name: VILLAVERDE, AGUSTIN  
Address: PO BOX 360836  
City-St-Zip: MELBOURNE, FL 32936

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: AGUSTIN VILLAVERDE

PVPS

01/06/2012

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

\_\_\_\_\_  
Date