

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055512

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** COTTOM'S SOUTHEAST PEST CONTROL SERVICES, INC.

**Current Principal Place of Business:**

2199 CITRUS BLVD  
LEESBURG, FL 34748

**New Principal Place of Business:**

1517 WEST MAIN ST  
LEESBURG, FL 34748

**Current Mailing Address:**

2199 CITRUS BLVD  
LEESBURG, FL 34748

**New Mailing Address:**

P.O. BOX 963  
FRUITLAND PARK, FL 34731

**FEI Number:** 59-3259609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELLERS, ELIZABETH K  
2199 CITRUS BLVD  
LEESBURG, FL 34748 US

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

SELLERS, ELIZABETH K  
5190 CR 132  
WILDWOOD, FL 34785 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:

Electronic Signature of Registered Agent

04/26/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SELLERS, ELIZABETH K  
Address: 5190 CR 132  
City-St-Zip: WILDWOOD, FL 34785

Title: ST  
Name: SELLERS, ELIZABETH K  
Address: 5190 CR 132  
City-St-Zip: WILDWOOD, FL 34785

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: ELIZABETH KAY SELLERS

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date