

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047812

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA PEST PROTECTION SERVICES, INC.

**Current Principal Place of Business:**

40445 EMERALDA ISLAND ROAD  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

3130 NEW CAMPUS CT.  
CUMMING, GA 30041 US

**New Mailing Address:**

**FEI Number:** 65-0754788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOTTKE, THOMAS L JR.  
40445 EMERALDA ISLAND ROAD  
LEESBURG, FL 34788 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KOTTKE, THOMAS L JR.  
**Address:** 40445 EMERALDA ISLAND ROAD  
**City-St-Zip:** LEESBURG, FL 34788 US

**Title:** VP  
**Name:** FERNANDEZ, MICHAEL A JR.  
**Address:** 3130 NEW CAMPUS CT.  
**City-St-Zip:** CUMMING, GA 30041 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:** THOMAS L KOTTKE JR

PRES

04/30/2010

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

\_\_\_\_\_  
Date