

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060047

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** WEST PEST CONTROL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

245 W. BLUE SPRINGS AVE.  
SUITE B  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

4849 BLUE HERON PLACE  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

245 W. BLUE SPRINGS AVE.  
SUITE B  
ORANGE CITY, FL 32763

**New Mailing Address:**

4849 BLUE HERON PLACE  
DELEON SPRINGS, FL 32130

**FEI Number:** 59-3476174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEEFFE, TIMOTHY F  
245 W. BLUE SPRINGS AVE.  
SUITE B  
ORANGE CITY, FL 32763 US

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

KEEFFE, TIMOTHY F  
4849 BLUE HERON PLACE  
DELEON SPRINGS, FL 32130 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:** TIMOTHY F KEEFFE

01/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPVS  
**Name:** KEEFFE, TIMOTHY F  
**Address:** 4849 BLUE HERON PLACE  
**City-St-Zip:** DELEON SPRINGS, FL 32130

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:** TIMOTHY F KEEFFE

PRES

01/20/2012

Electronic Signature of Signing Officer or Director

Date