

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000105856

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SOLUTIONS FOR PEST CONTROL, INC.

**Current Principal Place of Business:**

4348 MEADOWLAND CIRCLE  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

4348 MEADOWLAND CIRCLE  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 65-0799917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TWEED, JOHN M PRES  
4348 MEADOWLAND CIRCLE  
SARASOTA, FL 34233 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:** TWEED, JOHN M  
**Address:** 4348 MEADOWLAND CIRCLE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** VTS  
**Name:** TWEED, EILEEN M  
**Address:** 4348 MEADOWLAND CIRCLE  
**City-St-Zip:** SARASOTA, FL 34233

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:** EILEEN M. TWEED

VTS

04/14/2010

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

\_\_\_\_\_  
Date