

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000042045

Entity Name: PEST OFF, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

644 KING BIRD CIR  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

644 KING BIRD CIR  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 65-0852922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RITCHIE, ROBIN LEIGH  
644 KINGBIRD CIR  
DELRAY BEACH, FL 33444 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: PO  
Name: RITCHIE, ROBIN  
Address: 644 KINGBIRD CIR  
City-St-Zip: DELRAY BEACH, FL 33444

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: ROBIN RITCHIE

PO

02/21/2011

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

\_\_\_\_\_  
Date