

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000042536

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** PEST CONTROL SPECIALISTS, INC.

**Current Principal Place of Business:**

10761 NW 21 COURT  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

10761 NW 21 COURT  
SUNRISE, FL 33322

**New Mailing Address:**

PO BOX 450992  
SUNRISE, FL 33345

**FEI Number:** 59-2117980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAINE, ROBERT  
10761 NW 21 COURT  
SUNRISE, FL 33322 US

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

CAINE, ROBERT B  
10761 NW 21 COURT  
SUNRISE, FL 33322 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: ROBERT B. CAINE

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAINE, ROBERT B  
Address: 10761 NW 21 COURT  
City-St-Zip: SUNRISE, FL 33322

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: ROBERT B. CAINE

PRES

03/22/2011

Electronic Signature of Signing Officer or Director

Date