

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053427

FILED
Apr 22, 2009
Secretary of State

Entity Name: VILLAGE PEST SERVICES, INC.

Current Principal Place of Business:

1412 SEGOVIA PLACE
THE VILLAGES, FL 32162

New Principal Place of Business:

16350 S.E. 97TH AVENUE ROAD
SUMMERFIELD, FL 34491

Current Mailing Address:

1412 SEGOVIA PLACE
THE VILLAGES, FL 32162

New Mailing Address:

16350 S.E. 97TH AVENUE ROAD
SUMMERFIELD, FL 34491

FEI Number: 59-3579972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUCCULELLI, RAYMOND F
1412 SEGOVIA PL
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

CORA, CONSTANTIN
16350 SE 97TH AVENUE ROAD
SUMMERFIELD, FL 34491 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: CONSTANTIN CORA

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUCCULELLI, RAYMOND F
Address: 1412 SEGOVIA PLACE
City-St-Zip: THE VILLAGES, FL 32162

Title: VP () Delete
Name: CUCCULELLI, SHERRY L
Address: 1412 SEGOVIA PLACE
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CORA, CONSTANTIN
Address: 8555 SE 162 PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP (X) Change () Addition
Name: CORA, BRENDA
Address: 8555 SE 162 PLACE
City-St-Zip: SUMMERFIELD, FL 34491

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CONSTANTIN CORA

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date