

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000053427

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE PEST SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3579972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORA, CONSTANTIN  
16350 SE 97TH AVENUE ROAD  
SUMMERFIELD, FL 34491 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: P  
Name: CORA, CONSTANTIN  
Address: 8555 SE 162 PLACE  
City-St-Zip: SUMMERFIELD, FL 34491

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: CONSTANTIN CORA

PRES

04/23/2012

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

\_\_\_\_\_  
Date