

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52041

FILED  
Feb 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3899 MANNIX DR.  
SUITE 412  
NAPLES, FL 34114 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 990610  
NAPLES, FL 34116 US

**New Mailing Address:**

**FEI Number:** 65-0262028      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DONOVAN, WILLIAM A., ESQ.  
2664 AIRPORT RD, SOUTH  
NAPLES, FL 34112 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:** VTDS  
**Name:** HADLEY, SANDRA D.  
**Address:** 3390 5TH AVE. NW  
**City-St-Zip:** NAPLES, FL 34120 US

**Title:** PD  
**Name:** HADLEY, PHILLIP  
**Address:** 3390 5TH AVE N.W.  
**City-St-Zip:** NAPLES, FL 34120 US

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: SANDRA HADLEY

VTDS

02/05/2012

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

\_\_\_\_\_ Date