## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77133

Address:

City-St-Zip:

54 GOLDEN GATE CIRCLE

PORT ORANGE, FL

Entity Name: PORT ORANGE PEST CONTROL INC

FILED Feb 13, 2009 Secretary of State

	mer i oni o	TO WOLF LOT CONTINUE INC	•		
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	WOOD DR GE, FL 32129	1			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	WOOD DR GE, FL 32129	1			
FEI Number	: 59-3083854	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
<b>767 KENC</b>	E, JUDITH G WOOD DR ANGE, FL 32	129 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( COLLETTE, D 767 KENOWO PORT ORANG	OD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( COLLETTE, JU 767 KENOWO PORT ORANG	OD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V ( COLLETTE, G	) Delete REGORY D.	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JUDITH G. COLLETTE S/T 02/13/2009