

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S77133

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** PORT ORANGE PEST CONTROL INC.

**Current Principal Place of Business:**

767 KENOWOOD DR  
PT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

767 KENOWOOD DR  
PT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 59-3083854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLETTE, JUDITH G  
767 KENOWOOD DR  
PORT ORANGE, FL 32129 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COLLETTE, DONALD R  
**Address:** 767 KENOWOOD DR  
**City-St-Zip:** PORT ORANGE, FL 32129 US

**Title:** ST  
**Name:** COLLETTE, JUDITH G  
**Address:** 767 KENOWOOD DR  
**City-St-Zip:** PORT ORANGE, FL 32129 US

**Title:** V  
**Name:** COLLETTE, GREGORY D.  
**Address:** 54 GOLDEN GATE CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129 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:** JUDITH G. COLLETTE

S/T

01/18/2010

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

\_\_\_\_\_  
Date