

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S81082

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ALLIANCE PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

14848 OLD HWY 441  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 609  
TAVARES, FL 32778 US

**New Mailing Address:**

**FEI Number:** 59-3083277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, DENNIS L.  
18419 CAYMAN ST.  
EUSTIS, FL 32726 US

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

DAVIS, DENNIS L.  
18419 CAYMAN ST.  
EUSTIS, FL 32736 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VSTD  
Name: DAVIS, THERESA A  
Address: 18419 CAYMAN ST  
City-St-Zip: EUSTIS, FL 32736 US

Title: P  
Name: DAVIS, DENNIS L  
Address: 18419 CAYMAN ST.  
City-St-Zip: EUSTIS, FL 32736 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: THERESA A DAVIS

VST

03/16/2011

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

\_\_\_\_\_  
Date