2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07777

Title:

Name:

Address:

City-St-Zip:

Entity Name: CURTIS PEST CONTROL, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1702 LAKESIDE AVE UNIT 6 ST AUGUSTINE, FL 32084 US **New Mailing Address: Current Mailing Address:** 1702 LAKESIDE AVE UNIT 6 ST AUGUSTINE, FL 32084 US FEI Number: 59-3102598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURTIS, JAMES A PRES 1702 LAKESIDE AVE UNIT 6 ST AUGUSTINE, FL 32084 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CURTIS, JAMES A PRES Name: Name: 14 NELMAR AVENUE Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 SJ City-St-Zip: Title: Title: () Delete () Change () Addition Name: CURTIS, MARTA S TR Name: 14 NELMAR AVENUE Address: Address: ST AUGUSTINE, FL 32084 SJ City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition CURTIS, JAMES K VP Name: Name: 4367 KINCARDINE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 DU City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A CURTIS P 04/14/2009

() Delete

DISMORE, ALÁN B SEC

ST AUGUSTINE, FL 32084 SJ

1702 LAKESIDE AVE

(X) Change () Addition

DISMORE, ALAN B SEC

1702 LAKESIDE AVE #5

ST AUGUSTINE, FL 32084 SJ