

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 590461

Entity Name: BAKER PEST CONTROL, INC.**Current Principal Place of Business:**205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084-1295**Current Mailing Address:**205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084-1295**FEI Number:** 59-1890361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, PATRICIA S
205 S PONCE DE LEON BLVD
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**Officer/Director Detail :**

Title	PD
Name	BAKER, PATRICIA S
Address	3149 COUNTRY CREEK LANE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	VSD
Name	BAKER, JAMES D
Address	4120 TALL TREES LANE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	VTD
Name	BAKER, JAMES R
Address	2540 DEERWOOD ACRES DR
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	SECR
Name	DOWDY, CATHY B
Address	5061 VOGEL ROAD
City-State-Zip:	ST.AUGUSTINE FL 32092

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: CATHY BAKER DOWDY**SEC./TREAS****01/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date