

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 660248

**Entity Name:** ACTION PEST CONTROL OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1241 W THARPE ST  
# 13  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

702 TRUETT DR  
TALLAHASSEE, FL 32303

**FEI Number: 59-1979560**

**Certificate of Status Desired: No**

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

BAGGS, DOUGLAS G.  
702 TRUETT DRIVE  
TALLAHASSEE, FL 32303 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	CPO	Title	SEC.
Name	BAGGS, DOUGLAS G	Name	BAGGS, LISE C
Address	702 TRUETT DRIVE	Address	702 TRUETT DRIVE
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL

*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: DOUGLAS G.BAGGS**

**CPO**

**03/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date