

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H63705

**Entity Name:** ALL SEASONS PEST CONTROL, INC.

**Current Principal Place of Business:**

435 W. MAIN ST.  
APOPKA, FL 32712

**Current Mailing Address:**

435 W. MAIN ST.  
APOPKA, FL 32712 US

**FEI Number:** 59-2544410

**Certificate of Status Desired:** No

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

LEVESQUE, WAYNE H  
823 E. ORANGE STREET  
APOPKA, FL 32703 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:** WAYNE H. LEVESQUE

02/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                     |
|-----------------|--------------------|-----------------|---------------------|
| Title           | PT                 | Title           | VS                  |
| Name            | LEVESQUE, WAYNE H. | Name            | LEVESQUE, TERESA K. |
| Address         | 823 E ORANGE ST    | Address         | 823 E ORANGE ST     |
| City-State-Zip: | APOPKA FL 32703    | City-State-Zip: | APOPKA FL 32703     |

*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:** ALL SEASONS PEST CONTROL, INC.

VP

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date