

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000098869

**Entity Name:** PEST PATROL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

700 DYER BLVD.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P.O. BOX 420490  
KISSIMMEE, FL 34742

**FEI Number:** 59-3485058

**Certificate of Status Desired:** No

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

ARZT, KAREN  
4525 REAVES ROAD  
KISSIMMEE, FL 34746 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 TS  
Name ARZT, JAMES M  
Address 4525 REAVES ROAD  
City-State-Zip: KISSIMMEE FL 34746

Title P  
Name ARZT, KAREN L  
Address 4525 REAVES ROAD  
City-State-Zip: KISSIMMEE FL 34746

*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:** KAREN ARZT

**PRESIDENT**

**03/17/2015**

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

\_\_\_\_\_  
Date