

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07777

Entity Name: CURTIS PEST CONTROL, INC.**Current Principal Place of Business:**1702 LAKESIDE AVENUE
UNIT 6
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**1702 LAKESIDE AVENUE
SUITE 6
SAINT AUGUSTINE, FL 32084 US**FEI Number:** 59-3102598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CURTIS, JAMES A
1702 LAKESIDE AVENUE
SUITE 6
SAINT 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:** JAMES A. CURTIS**01/11/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CURTIS, JAMES K
Address	4367 KINCARDINE DRIVE
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP
Name	DISMORE, ALAN D
Address	914 SAN REMO ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	TREASURER
Name	DISMORE, ALAN D
Address	914 SAN REMO ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	SECRETARY
Name	NIERTH, JASON L
Address	263 MAJORCA ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	OTHER
Name	CURTIS, JAMES A
Address	155 PERFECT DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	OTHER
Name	CURTIS, JAMES A
Address	155 PERFECT DR
City-State-Zip:	SAINT 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: ALAN DISMORE**VICE PRESIDENT****01/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date