

2014 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

01/31/2014

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 14 NELMAR AVENUE
City-State-Zip: SAINT AUGUSTINE FL 32084

Title OTHER
Name CURTIS, MARTA
Address 14 NELMAR AVENUE
City-State-Zip: SAINT AUGUSTINE FL 32084

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 D. DISMORE

VICE PRESIDENT

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date