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.

PRES

SIGNATURE: JACOBS, CHRISTI A

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

JACOBS, CHRISTI A 10836 PAYNE ROAD SEBRING, FL 33875 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: CHRISTI A JACOBS

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES
Name	JACOBS, CHRISTI A
Address	10836 PAYNE ROAD
City-State-Zip:	SEBRING FL 33875

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57941

Entity Name: EAGLE PEST CONTROL OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

10836 PAYNE ROAD SEBRING, FL 33875

Current Mailing Address:

10836 PAYNE ROAD SEBRING, FL 33875

FEI Number: 59-3139849

04/09/2024 Date

04/09/2024

FILED Apr 09, 2024 Secretary of State 8234956953CC

Certificate of Status Desired: No

Date