

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90004 039 ***150.00



DOCUMENT # P01000057752
 1. Entity Name
A-1 SUPERIOR PEST CONTROL, INC.

Principal Place of Business Mailing Address
340 TAMIAMI TR **340 TAMIAMI TR**
PORT CHARLOTTE FL 33953 **PORT CHARLOTTE FL 33953**



2. Principal Place of Business 3. Mailing Address
340 Tamiami Trl **340 Tamiami Trl**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Port Charlotte **Port Charlotte**
 City & State City & State
FLA **FLA**
 Zip Country Zip Country
33953 **USA** **33953** **USA**

1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
65-1117863 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCOTT, BRIAN
340 TAMIAMI TR
PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent
 Name **Brian Scott**
 Street Address (P.O. Box Number is Not Acceptable)
340 Tamiami Trl
 City **Port Charlotte** FL Zip Code **33953**

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE **Brian Scott** **Brian Scott** DATE **3/28/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	SCOTT, BRIAN	
STREET ADDRESS	340 TAMIAMI TR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Brian Scott** **Brian Scott** DATE **3-28-05** Daytime Phone # **(941) 624-2111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #