

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J03000

**Entity Name:** PRIEST PEST CONTROL, INC.

**Current Principal Place of Business:**

15500 NW 162ND TERRACE  
WILLISTON, FL 32696

**Current Mailing Address:**

POST OFFICE BOX 578  
WILLISTON, FL 32696 US

**FEI Number:** 59-2643214

**Certificate of Status Desired:** No

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

LANGFORD, CHARLES K  
15500 NW 162ND TERRACE  
WILLISTON, FL 32696 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 P  
Name LANGFORD, CHARLES K  
Address 15500 NW 162ND. TERRACE  
City-State-Zip: WILLISTON FL 32696

Title VP  
Name LANGFORD, ANN-MARIE S  
Address 15500 NW 162ND. TERRACE  
City-State-Zip: WILLISTON FL 32696

Title S  
Name LANGFORD, ANN-MARIE S  
Address 15500 NW 162ND. TERRACE  
City-State-Zip: WILLISTON FL 32696

Title T  
Name LANGFORD, ANN-MARIE S  
Address 15500 NW 162ND. TERRACE  
City-State-Zip: WILLISTON FL 32696

*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:** ANN-MARIE S. LANGFORD

VP

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date