

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000086111

**Entity Name:** A-1 HOME PEST CONTROL, INC.

**Current Principal Place of Business:**

16745 CAGAN CROSSING BLVD  
STE 102B PMB219  
CLERMONT, FL 34714

**Current Mailing Address:**

16745 CAGAN CROSSING BLVD  
STE 102B PMB219  
CLERMONT, FL 34714 US

**FEI Number:** 71-0973146

**Certificate of Status Desired:** Yes

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

MICHAEL J. MALONEY, P.A.  
837 N GARLAND AVE  
ORLANDO, FL 32801 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	VP	Title	SECR
Name	TROSETH, DENNIS	Name	TROSETH, KARLA MA
Address	2157 PIMLICO ST	Address	2157 PIMLICO ST
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822
Title	PRESIDENT	Title	TREASURER
Name	BEDFORD, BRIAN T	Name	BEDFORD, ELIZABETH M
Address	16507 CITRUS PARKWAY	Address	16733 CITRUS PKWY
City-State-Zip:	CLERMONT FL 34714	City-State-Zip:	CLERMONT FL 34714

*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:** BRIAN BEDFORD

**CPO**

**02/01/2018**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date