

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000001843

**Entity Name:** A 2 BEE PEST CONTROL INC.

**Current Principal Place of Business:**

2435 US HWY 19  
SUITE #250  
HOLIDAY, FL 34691

**Current Mailing Address:**

2435 US HWY 19  
SUITE #250  
HOLIDAY, FL 34691 US

**FEI Number:** 26-4014325

**Certificate of Status Desired:** No

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

HYSON, KARL  
2435 US HWY 19  
SUITE #250  
HOLIDAY, FL 34691 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            PRESIDENT, SECRETARY,  
                      TREASURER  
Name            HYSON, KARL  
Address        2435 US HWY 19  
                      SUITE #250  
City-State-Zip: HOLIDAY FL 34691

Title            VICE PRESIDENT  
Name            HYSON, HEATHER A  
Address        2435 US HWY 19  
                      SUITE #250  
City-State-Zip: HOLIDAY FL 34691

*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:** KARL HYSON

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date