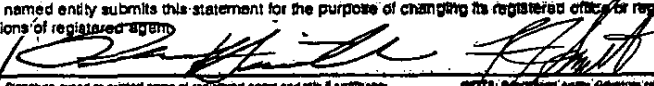


FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90169 011 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 422344 1. Entity Name AARON PEST CONTROL, INC.			
Principal Place of Business 3200 NO WOODLAND BLVD DELAND, FL 32720		Mailing Address 3200 NO WOODLAND BLVD DELAND, FL 32720	
DO NOT WRITE IN THIS SPACE		66425230 	
		01222004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-1452379	
		Applied For Not Applicable	
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, FRANCIS JAMES 1441 GRAND AVE. DELAND, FL 32720		DO NOT WRITE IN THIS SPACE	
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:  DATE: 1/4/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when retreating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINES, MARIO 101 LEON AVE DELAND, FL 32720		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, FRANCIS JAMES 1441 GRAND AVE DELAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, LAVERNE 1441 GRAND AVE DELAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CYNTHIA S. 1226 AUSTIN RD ORLANDO, FL 32806		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PHILLIP JAMES 2946 NO SHELL RD. DELAND, FL		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  F. J. SMITH PRES 5/26/04 386 7346911 Signature and typed or printed name of signing officer or director Date Daytime Phone			