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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.

66425230

Principal Place of Business	Mailing Address
3200 NO WOODLAND BLVD DELAND, FL 32720	3200 NO WOODLAND BLVD DELAND, FL 32720

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1452379
☐ Applied For
☐ Not Applicable

5. 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

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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: [signature] [signature] 4/29/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GINES, MARIO
STREET ADDRESS	101 LEON AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	P
NAME	SMITH, FRANCIS JAMES
STREET ADDRESS	1441 GRAND AVE
CITY-ST-ZIP	DELAND, FL
TITLE	ST
NAME	SMITH, LAVERNE
STREET ADDRESS	1441 GRAND AVE
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	JOHNSON, CYNTHIA S.
STREET ADDRESS	1226 AUSTIN RD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	SMITH, PHILLIP JAMES
STREET ADDRESS	2946 NO SHELL RD.
CITY-ST-ZIP	DELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] F.J. SMITH PRES 5/26/04 3867346911
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #