

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**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**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1452379</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000590504  
01/18/07-80059-008 150.00

**10. OFFICERS AND DIRECTORS**

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 3211 NORTHGLENN DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, PHILLIP JAMES 2946 NO SHELL RD. DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07