2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422344

FILED Apr 14, 2009 Secretary of State

Entity Na	me: AARON	PEST CONTROL, INC.			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
3200 NO V DELAND,	WOODLAND E FL 32720	BLVD			
Current Mailing Address:			New Mailing Address:		
3200 N WODELAND,	OODLAND BL FL 32720	VD JS			
FEI Number: 59-1452379 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Re	gistered Agent:
SMITH, FF 1441 GRA DELAND,	ND AVE.	JS			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or	registered agent, or both,
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (GINES, MARIO 101 LEON AVE DELAND, FL 3	:	Title: Name: Address: City-St-Zip:	D (X) Change KEBRDLE, KEN 4518 SE 2ND PLACE OCALA, FL 34471 US	e()Addition
Title: Name: Address: City-St-Zip:	P (SMITH, FRANC 1441 GRAND A DELAND, FL 3	\VE	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	ST (SMITH, LAVER 1441 GRAND A DELAND, FL 3	\VE	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	D (JOHNSON, CY 3211 NORTHG ORLANDO, FL	LENN DR	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address:	D (SMITH, PHILLI 4001 HWY 11) Delete P J	Title: Name: Address:	()Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEN KEBRDLE VΡ 04/14/2009

DELAND, FL 32720 US

City-St-Zip: