2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 478196

Entity Name: ASTRO PEST CONTROL INC

FILED Jan 27, 2009 Secretary of State

_many man		LOT CONTINCE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CHMORE CR. FO, FL 32776	US			
Current Mailing Address:			New Mailing Address:		
P O BOX 6 SORRENT	691 FO, FL 32776	US			
FEI Number:	: 59-1629471	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SORRENT The above	CHMORE CIRC FO, FL 32776	US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU		ic Signature of Registered Ag	ent	 Date	
Election Car		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () THOMAS, SHAN 31114 LOCHMA SORRENTO, FL	RE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () PERRY, RUBY 31114 LOCHMO SORRENTO, FL	RE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P () PERRY, RUBY	Delete C	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: RUBY PERRY PRES 01/27/2009

31114 LOCHMORE CIRCLE

SORRENTO, FL

Address: City-St-Zip: