# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# 487428

**Entity Name:** A-1 PEST CONTROL, INC.

**Current Principal Place of Business:**

9049 S US HWY 129
BOX 238
TRENTON, FL 326930238

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 238
TRENTON, FL 326930238

**New Mailing Address:**

**FEI Number: 59-1622586** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, JUSTIN T
9049 SOUTH U S HWY 129
TRENTON FL, FL 32693 US

**Name and Address of New Registered Agent:**

JONES, JUSTIN T
970 SE 95TH PLACE
TRENTON, FL 32693 US

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.

SIGNATURE: 01/14/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: JONES, PRIESTON J
Address: 10189 S SANTE FE AVE
City-St-Zip: TRENTON, FL 32693 US

Title: VP ( ) Delete
Name: JONES, JUSTIN T
Address: 970 SE 95TH PLACE
City-St-Zip: TRENTON, FL 32693 US

Title: ST ( ) Delete
Name: LONG, WILDA J
Address: PO BOX 1746
City-St-Zip: TRENTON, FL 32693 US

Title: P ( ) Delete
Name: JONES, WANDA J
Address: 10189 S SANTE FE AVE
City-St-Zip: TRENTON, FL 326293 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KAREN JONES SEC. 01/14/2009
Electronic Signature of Signing Officer or Director — Date