

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F01843 1. Entity Name ACE PEST CONTROL OF FROSTPROOF, INC.	
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Principal Place of Business 2251 CR 630 WEST P. O. BOX 1028 FROSTPROOF, FL 33843	Mailing Address 2251 CR 630 WEST P. O. BOX 1028 FROSTPROOF, FL 33843
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2035541	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRANTLEY, JOHNNY 2251 CR 630 WEST FROSTPROOF, FL 33843

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANTLEY, JOHNNY 2251 CR 630 WEST FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSER, JAMES L., JR. 51 HERNDON ROAD FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRANTLEY, MARY LOU 2251 CR 630 WEST FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary Lou Brantley MARY LOU BRANTLEY 4-27-05 863-635-3954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #