


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 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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DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2035541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	BRANTLEY, JOHNNY
NAME	2251 CR 630 WEST
STREET ADDRESS	FROSTPROOF, FL
CITY-ST-ZIP	
TITLE VP	MOSER, JAMES L., JR.
NAME	51 HERNDON ROAD
STREET ADDRESS	FROSTPROOF, FL
CITY-ST-ZIP	
TITLE ST	BRANTLEY, MARY LOU
NAME	2251 CR 630 WEST
STREET ADDRESS	FROSTPROOF, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07-80053-003 150.00

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: Mary Lou Brantley **4-25-07 863-635-3954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #