

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28431

Entity Name: AERO PEST CONTROL, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

EAST HWY. 44
CRYSTAL RIVER, FL 34423 US

New Principal Place of Business:

Current Mailing Address:

EAST HWY. 44
P.O. BOX 454
CRYSTAL RIVER, FL 344230454 US

New Mailing Address:

FEI Number: 59-2277852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEAHL, RICHARD C PRES
EAST HWY 44
CRYSTAL RIVER, FL 34423 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEAHL, RICHARD C,
Address: HWY 44 E P O BOX 454
City-St-Zip: CRYSTAL RIVER, FL 344230454 US

Title: D () Delete
Name: MEAHL, CYNTHIA L
Address: P.O. BOX 454
City-St-Zip: CRYSTAL RIVER, FL 344230454 US

Title: V () Delete
Name: MEAHL, RICHARD CHAD
Address: 13135 S MOONRAKER TERRACE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: D () Delete
Name: RENEAU, RENEE M
Address: 905 SWEET PINE POINT
City-St-Zip: INVERNESS, FL 34452 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: RENEE M. RENEAU

D

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date