

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H07704

**Entity Name:** AAERO MASTER INSECT MANAGEMENT, INC.

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

258 DUNBRIDGE DR  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**  
22159 U.S. 19 NORTH  
P.O. BOX 5263  
CLEARWATER, FL 33758 US

**New Mailing Address:**

P.O. BOX 5263  
CLEARWATER, FL 33758 US

FEI Number: 59-2437485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

THOMPSON, JERALD C.  
258 DUNBRIDGE DRIVE  
PALM HARBOR, FL 34684 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: DP      ( ) Delete  
Name: THOMPSON, JERALD C.,  
Address: 258 DUNBRIDGE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

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

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: JERALD C. THOMPSON

DP

01/03/2008

Electronic Signature of Signing Officer or Director

Date