


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90035 045 ***150.00

DOCUMENT # J03000
 1. Entity Name
PRIEST PEST CONTROL, INC.



Principal Place of Business Mailing Address
17800 N. HWY 441 **P O BOX 6**
REDDICK FL 32686 **REDDICK FL 32686**
US **US**

20051400



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2643214 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURNS KATHERINE MILLS
HWY 441 AVE "E"
MCINTOSH FL 32664

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PRIEST, ROBERT W.	
STREET ADDRESS	17800 NORTH U.S. HWY 441	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRIEST, GALEN R	
STREET ADDRESS	660 NW 88 PLACE 2605 NE 28th Avenue	
CITY-ST-ZIP	OCALA FL 32802 34470	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIEST, SABRINA	
STREET ADDRESS	660 NW 88 PLACE 2605 NE 28th Avenue	
CITY-ST-ZIP	OCALA FL 32802 34470	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRIEST, DIANE K	
STREET ADDRESS	17800 N HWY 441	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert W. Priest **ROBERT W. PRIEST President** **352-591-1036**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #