


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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

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



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2643214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000605629
 01/30/07-80042-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIEST, ROBERT W. 17800 NORTH U.S. HWY 441 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIEST, GALEN R 2605 NE 28TH AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIEST, SABRINA 2605 NE 28TH AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIEST, DIANE K 17800 N HWY 441 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **ROBERT W. PRIEST** 1-25-07 352-591-1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #