

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03000

FILED
Jan 28, 2009
Secretary of State

Entity Name: PRIEST PEST CONTROL, INC.

Current Principal Place of Business:

17800 N. HWY 441
REDDICK, FL 32686 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6
REDDICK, FL 32686 US

New Mailing Address:

FEI Number: 59-2643214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURNS KATHERINE MILLS
HWY 441 AVE
MCINTOSH, FL 32664 US

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

01/28/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRIEST, ROBERT W.,
Address: 17800 NORTH U.S. HWY 441
City-St-Zip: REDDICK, FL 32686

Title: VP () Delete
Name: PRIEST, GALEN R
Address: 2605 NE 28TH AVE
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: PRIEST, SABRINA
Address: 2605 NE 28TH AVE
City-St-Zip: OCALA, FL 34470

Title: S () Delete
Name: PRIEST, DIANE K
Address: 17800 N HWY 441
City-St-Zip: REDDICK, FL 32686

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: ROBERT W. PRIEST

Electronic Signature of Signing Officer or Director

PRES

01/28/2009

Date