

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03000

FILED  
Jul 13, 2010  
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  
MCINTOSH, FL 32664 US

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

LANGFORD, CHARLES K  
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: CHARLES K. LANGFORD

07/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANGFORD, CHARLES K  
Address: 15500 NW 162ND. TERRACE  
City-St-Zip: WILLISTON, FL 32696

Title: VP  
Name: LANGFORD, ANNE-MARIE S  
Address: 15500 NW 162ND. TERRACE  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: LANGFORD, ANNE-MARIE S  
Address: 15500 NW 162ND. TERRACE  
City-St-Zip: WILLISTON, FL 32696

Title: T  
Name: LANGFORD, ANNE-MARIE S  
Address: 15500 NW 162ND. TERRACE  
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: CHARLES K. LANGFORD

P

07/13/2010

Electronic Signature of Signing Officer or Director

Date