2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04321

FILED Apr 07, 2009 Secretary of State

Entity Name: AFFORDABLE PEST CONTROL OF HILLSBORO COUNTY, INC.

Littly Nan	ie. AFFORDA	ABLE PEST CONTROL OF HI	LLOBORO COUNTT,	, IIVC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3605 MY W THONOTO	'AY SASSA, FL 3	35920839					
Current Mailing Address:			New Mailing Address:				
P.O. BOX 8 THONOTO	339 SASSA, FL 3	35920839					
FEI Number:	65-0024339	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Des	sired ()	
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:			
RIVERVIEV The above in the State	LAKE DRIVE V, FL 33569 named entity s of Florida.	US submits this statement for the p	ourpose of changing it	ts registered of	fice or registered age	nt, or both,	
SIGNATUR		ic Signature of Registered Age	ant		 Date		
Election Carr		Trust Fund Contribution ().	511 L		Date		
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () SIMMONS, TER 11509 N. GRAD TAMPA, FL		Title: Name: Address: City-St-Zip:	D (X) SIMMONS, TER 11509 N. GRAD TAMPA, FL 336	Y AVENUE		
Title: Name: Address: City-St-Zip:	PD () SIMMONS, KEN 10020 KENLAK RIVERVIEW, FI	E DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		

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: KENNETH LEE SIMMONS PRES 04/07/2009