

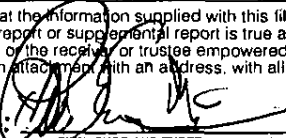


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000102502			
1. Entity Name PESTCO INC.			
Principal Place of Business 2090 S. NOVA ROAD SUITE B217 SOUTH DAYTONA, FL 32119		Mailing Address 2090 S. NOVA ROAD SUITE B217 SOUTH DAYTONA, FL 32119	
DO NOT WRITE IN THIS SPACE			
			
		03102008 No Chg-P CR2E034 (11/05)	
4. FEI Number 02-0788990		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 MCGUIRE, ROBERT 971 INDIAN LAKE ROAD DAYTONA BEACH, FL 32124		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000912841 05/07/08-80096-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PDTS		
NAME	MCGUIRE, NANCY		
STREET ADDRESS	971 INDIAN LAKE ROAD		
CITY-ST-ZIP	DAYTONA BEACH, FL 32124		
TITLE	VD		
NAME	MCGUIRE, ROBERT		
STREET ADDRESS	971 INDIAN LAKE ROAD		
CITY-ST-ZIP	DAYTONA BEACH, FL 32124		
TITLE	D		
NAME	MCGUIRE, TIMOTHY		
STREET ADDRESS	975 INDIAN LAKE ROAD		
CITY-ST-ZIP	DAYTONA BEACH, FL 32124		
TITLE	D		
NAME	MCGUIRE, MICHAEL S		
STREET ADDRESS	6143 DEL RIO DRIVE		
CITY-ST-ZIP	PORT ORANGE, FL 32129		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 recipient 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 A MCGUIRE 14-17-08 (386) 252-6143	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	