

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102502

Entity Name: PESTCO INC.

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

2090 S. NOVA ROAD  
SUITE B217  
SOUTH DAYTONA, FL 32119

## Current Mailing Address:

2090 S. NOVA ROAD  
SUITE B217  
SOUTH DAYTONA, FL 32119

## New Principal Place of Business:

2090 S. NOVA ROAD  
SUITE B218  
SOUTH DAYTONA, FL 32119

## New Mailing Address:

2090 S. NOVA ROAD  
SUITE B218  
SOUTH DAYTONA, FL 32119

FEI Number: 02-0788990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGUIRE, ROBERT  
971 INDIAN LAKE ROAD  
DAYTONA BEACH, FL 32124 US

## Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDTS ( ) Delete  
Name: MCGUIRE, NANCY  
Address: 971 INDIAN LAKE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: VD ( ) Delete  
Name: MCGUIRE, ROBERT  
Address: 971 INDIAN LAKE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: D ( ) Delete  
Name: MCGUIRE, TIMOTHY  
Address: 975 INDIAN LAKE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: D ( ) Delete  
Name: MCGUIRE, MICHAEL S  
Address: 6143 DEL RIO DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

## 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 MCGUIRE

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date