2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000123940 1. Entity Name

A-PEST EXTERMINATOR INC

Principal Place of Business

34905 COUNTY RD 439 EUSTIS, FL 32736-7438 Mailing Address

34905 COUNTY RD 439 EUSTIS, FL 32736-7438

FILED Mar 10, 2008 08:00 A Secretary of State



CR2E034 (11/05) 01212008 No Chg-P 4. FEI Number Applied For 13-4344069 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

5. Name and Address of Current Registered Agent

POYNTER, JAMES R

34905 COUNTY RD 439 EUSTIS, FL 32736-7438			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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 113311111111111111111111111111111111					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign I Trust Fund Contribu		\$5.00 May Be Added to Fees	03/26/03-80065-017 150.00
10.	OFFICERS AND DIREC	TORS	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POYNTER, JAMES R 34905 COUNTY RD 439 EUSTIS, FL 327367438				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				uning panel	

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 apport is true and appears 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 receiver or made empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

BIGNING OFFICER OR DIRECTOR

Daytime Phone #