## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P93000075244

1. Entity Name

A PLUS PEST CONTROL, INC.



Principal Place of Business

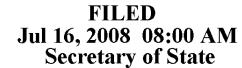
Mailing Address

8362 PINES BLVD,

8362 PINES BLVD

#350 PEMBROKE PINES, FL 33024

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07142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0446319 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ACKENBRACK, DANIEL H PRESIDE 7501 BRANCH STREET HOLLYWOOD, FL 33024

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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 rensisting)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing : Trust Fund Contribution. \$5.00.May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. TITLE NAME ACKENBRACK, DANIEL H 7501 BRANCH ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE ACKENBRACK, SALLY KAY NAME 7501 BRANCH ST. STREET ADDRESS HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ACKENBRACK, MARK S NAME STREET ADDRESS 2252 S.E. WALD STREET CITY-ST-ZIP PORT ST. LUCIE, FL 34984 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

-nux renna-80002-031-120.00 -nux renna-80002-031-120.00

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12. I hereby certify that the information supplied with this filling 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 receiver 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE Dent H. Colembrich

7/14/08

954-540-6481

Daytime Phone