

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000075244

1. Entity Name
A PLUS PEST CONTROL, INC.



Principal Place of Business
8362 PINES BLVD,
#350
PEMBROKE PINES, FL 33024

Mailing Address
8362 PINES BLVD
#350
PEMBROKE PINES, FL 33024

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0446319 Applied For Not Applicable

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

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 reinstating)

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.

10. OFFICERS AND DIRECTORS

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

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07/16/08-80005-031-150.00

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Daniel H. Ackenbrack*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08

Date

954-540-6491

Daytime Phone #