

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000051859

**Entity Name:** ASPEN PEST CONTROL, INC.

**Current Principal Place of Business:**

129 SW AINSLEY GLEN  
LAKE CITY, FL 32024

**Current Mailing Address:**

P.O. BOX 1795  
LAKE CITY, FL 32056

**FEI Number: 75-3058541**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREGORY, SHANNON  
129 SW AINSLEY GLN  
LAKE CITY, FL 32024 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            GREGORY, SHANNON  
Address        P.O. BOX 1795  
City-State-Zip: LAKE CITY FL 32056

Title            DIRECTOR  
Name            LACEY, CLIFFORD  
Address        P.O. BOX 1795  
City-State-Zip: LAKE CITY FL 32056

Title            DIRECTOR  
Name            GREGORY, KIRBY  
Address        P.O. BOX 1795  
City-State-Zip: LAKE CITY FL 32056

Title            DIRECTOR  
Name            GREGORY, KASEY  
Address        P.O. BOX 1795  
City-State-Zip: LAKE CITY FL 32056

Title            DIRECTOR  
Name            GREGORY, SARA D  
Address        129 SW AINSLEY GLEN  
City-State-Zip: LAKE CITY FL 32024

*I hereby 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 all other like empowered.*

**SIGNATURE: SHANNON GREGORY**

**PRESIDENT**

**02/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date