



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90329 020 \*\*\*\*70.00

<b>DOCUMENT # 714998</b>					
1. Entity Name <b>FLORIDA PEST MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business 6882 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810		Mailing Address 6882 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810		<p style="text-align: center; font-size: 24pt;"><b>14013931</b></p>  <p>04212004 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-0839828</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CAITHNESS, TONI</b> 6882 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Toni Carthness</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKSEY, J. BRYAN III		NAME	David Pomfret	
STREET ADDRESS	6882 EDGEWATER COMMERCE PARKWAY		STREET ADDRESS	P.O. Box 4093	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Sarasota, FL 34230-4093	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DAM, BRIAN (ELECT)		NAME	Jennifer Legett	
STREET ADDRESS	P.O. BOX 600068 N/A		STREET ADDRESS	2134 Haines St	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POEST, DOUG V		NAME		
STREET ADDRESS	6882 EDGEWATER COMMERCE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	PD Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, RICK		NAME		
STREET ADDRESS	6882 EDGEWATER COMMERCE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, JACK		NAME		
STREET ADDRESS	8777 SW 134TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33170		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLEN, DAVID		NAME		
STREET ADDRESS	5400 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH, FL 33407		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>Toni Carthness</u>		Date: <u>4/21/04</u>		Daytime Phone #: <u>407-293-8627</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					