


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004015
 1. Entity Name
DUKE'S ROOT CONTROL, INC.



Principal Place of Business 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204	Mailing Address 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3026801	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOGAN, MICHAEL 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, WILLIAM 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOZNIAK, CONSTANCE 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKE, KEVIN 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALAVENDA, ANTHONY 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/15/04-80040-016 150.00

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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 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: Constance Wozniak, Sec/Treas 1/9/04 315/472-4781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #