


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F12662
 1. Entity Name
DORAN PEST CONTROL, INC.



Principal Place of Business 108 W SENECA 78 TAMPA, FL 33612	Mailing Address 108 W SENECA 78 TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2035840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WELLS, CARITA M
 1435 W BUSCH BLVD
 STE A
 TAMPA, FL 33612

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000083587 03/10/04-80045-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT DORAN, JAMES P 1205 E 99TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, JOHN M. 10801 N EDISON TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, JAMES P. 1205 E 99TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: James P. Doran **JAMES P. DORAN** 1/7/04 (813) 932-9851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #