


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002011

1. Entity Name
SEARS TERMITE & PEST CONTROL FRANCHISE CORP.



Principal Place of Business Mailing Address

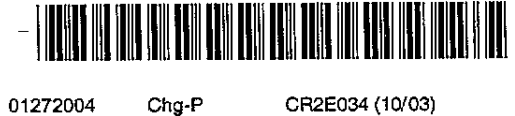
DEPT B6-272B, ATTN: C.N. MATTHEWS **3333 BEVERLY RD**
3333 BEVERLY RD **768 TAX B2-107B**
HOFFMAN ESTATES, IL 60179 **HOFFMAN ESTATES, IL 60179**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

4. FEI Number Applied For

59-3570014 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	GOOD, MARK	
STREET ADDRESS	3333 BEVERLY RD	
CITY - ST - ZIP	HOFFMAN ESTATES, IL 60179	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBBS, RONALD	
STREET ADDRESS	3333 BEVERLY RD	
CITY - ST - ZIP	HOFFMAN ESTATES, IL 60179	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAY, PAUL	
STREET ADDRESS	3333 BEVERLY RD	
CITY - ST - ZIP	HOFFMAN ESTATES, IL 60179	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MENGES, CHRISTINE	
STREET ADDRESS	3333 BEVERLY RD	
CITY - ST - ZIP	HOFFMAN ESTATES, IL 60179	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DUBNICKA, THOMAS J	
STREET ADDRESS	3333 BEVERLY RD	
CITY - ST - ZIP	HOFFMAN ESTATES, IL 60179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000068307	
STREET ADDRESS	02/27/04-80036-005 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Christine Menges **CHRISTINE MENGES** 2/20/04

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