

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 010 ***150.00

DOCUMENT # P00000013067

1. Entity Name

EAST COAST PEST MANAGEMENT, INC.



Principal Place of Business

**15097 73ST NORTH
LOXAHATCHEE FL 33470**

Mailing Address

**15097 73ST NORTH
LOXAHATCHEE FL 33470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALUSKY, LENNY
10224 BOYNTON PLACE CIRCLE
BOYNTON BEACH FL 33437**

Name

SUSAN MALUSKY

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

15097 73 ST NORTH

City

LOXAHATCHEE

FL

Zip Code

33470

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

Susan Malusky

SUSAN MALUSKY

2-7-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
NAME MULUSKY, LENNY
STREET ADDRESS 15097 73ST NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE OWNER / PRES. ☐ Change ☒ Addition
NAME SUSAN MALUSKY
STREET ADDRESS 15097 73 ST NORTH
CITY-ST-ZIP LOXAHATCHEE, FL. 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Susan Malusky **SUSAN MALUSKY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-04

Date

383-6790

Daytime Phone #