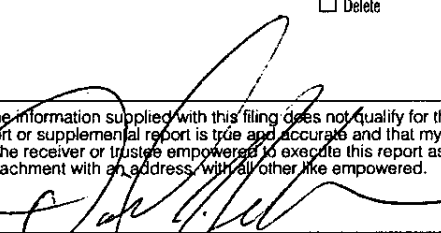


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 039 ***150.00

DOCUMENT # P95000066061 1. Entity Name NELSON'S PEST CONTROL, INC.					
Principal Place of Business 7940 RUTILIO CT NEW PORT RICHEY, FL 34653			Mailing Address 7940 RUTILIO CT NEW PORT RICHEY, FL 34653		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
01072004 Chg-P CR2E034 (10/03)					
4. FEI Number 59-3334920				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NELSON, DAVID 9351 NILE DRIVE NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name <u>Nelson, David</u> Street Address (P.O. Box Number is Not Acceptable) <u>3919 Anita Way</u> City <u>New Port Richey</u> FL Zip Code <u>34655</u>		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NELSON, DIANE 9351 NILE DR. NEW PORT RICHEY, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NELSON, DAVID 9351 NILE DR. NEW PORT RICHEY, FL 34655 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <u>3919 Anita Way</u> <u>New Port Richey FL 34655</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, JOHN 3919 ANITA WAY NEW PORT RICHEY, FL 34655 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <u>VP.S.D</u> <u>Murray, John</u> <u>3919 Anita Way</u> <u>New Port Richey FL 34655</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			1-7-04 727-372-1125		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		