


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90004 018 ***150.00

DOCUMENT # P95000076461
1. Entity Name
1ST RATE PEST CONTROL, INC.



Principal Place of Business
**2623 TIMACQUA DR
HOLIDAY, FL 34691**

Mailing Address
**P.O. BOX 3965
HOLIDAY, FL 34690**

DO NOT WRITE IN THIS SPACE

44046133



05272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3338799	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

**PAMPENELLA, PAMELA
2623 TIMACQUA DRIVE
HOLIDAY, FL 34691**

**DO NOT WRITE
IN THIS SPACE**

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: *Pamela D Pampella* DATE: 5-1-04

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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAMPENELLA, PAMELA D 3137 SHIPWATCH DR <i>2623 Timacqua Dr</i> HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAMPENELLA, FRANK J 3137 SHIPWATCH DR <i>2623 Timacqua Dr</i> HOLIDAY, FL 34691
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IN THIS SPACE**

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: *Frank J Pampella* DATE: 5-1-04 DAYTIME PHONE #: 727 938-9746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR