


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000040706  
 1. Entity Name  
 RELIABLE PEST MANAGEMENT, INC.



Principal Place of Business      Mailing Address  
 102 COLLEEN CT.                      102 COLLEEN CT.  
 AUBURNDALE, FL 33823              AUBURNDALE, FL 33823

**DO NOT WRITE IN THIS SPACE**



01142004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3574230      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROSS, FRANK V  
 102 COLLEEN CT.  
 AUBURNDALE, FL 33823

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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 \_\_\_\_\_ 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

U00000058198  
 02/20/04-80019-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSS, FRANK V
STREET ADDRESS	102 COLLEEN CT.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	VPD
NAME	WILLIS, WILLIAM
STREET ADDRESS	840 FORESTWOOD DR
CITY-ST-ZIP	CLERMONT, FL 34711
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)(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 V. Ross      FRANK V. ROSS      2/17/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #