


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 214743	
1. Entity Name RAT-TRAP BAIT COMPANY, INC	

Principal Place of Business 106 ADAMS STREET AUBURNDALE, FL 33823 US	Mailing Address P.O BOX 845 AUBURNDALE, FL 33823 US
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0863983	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 ROBINSON, RALPH L 106 ADAMS STREET 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000100364 04/01/04-80004-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, RALPH L 106 ADAMS ST. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBINSON, JANIE B 1140 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, JAMES R 830 MCLEOD STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, KELLIE S 1140 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: <u>Ralph L Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>March 30, 2004</u>	Daytime Phone: <u>863-967-2148</u>
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