## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 222684**

— Apr 14, 2004 Secretary of State

FILED

Entity Name: PETRI'S POSITIVE PEST CONTROL, INC.

Current Principal Place of Business:

New Principal Place of Business:

737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521

Current Mailing Address: New Mailing Address:

737 S.W. 9TH TERRACE POMPANO BEACH, FL 330694521

FEI Number: 59-0865900 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAVANAGH, BRENDON
737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521

CAVANAGH, BRENDAN
737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521

CAVANAGH, BRENDAN
737 S.W. 9TH TERRACE
POMPANO BEACH, FL 330694521

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.

SIGNATURE: BRENDAN CAVANAGH 04/14/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB () Delete Title: () Change () Addition Name: PETRI,HENRY C, Name:

 Address:
 2780 N.E. 9T CT.
 Address:

 City-St-Zip:
 POMPANO, FL 33069
 City-St-Zip:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 CAVANAGH, BRENDEN,
 Name:
 CAVANAGH, BRENDAN,

 Address:
 11017 NW 28 ST
 Address:
 11017 NW 28 ST

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LAUSIER, DEBORAH
 Name:

 Address:
 4120 SABAL LAKES ROAD
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAVANAGH, CHRISTOPHER
 Name:

 Address:
 737 SW 9TH TERRACE
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH LAUSIER STD 04/14/2004