


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 290998**  
 1. Entity Name  
**BAY EXTERMINATORS, INC.**



Principal Place of Business 3421 W CYPRESS STREET TAMPA, FL 33607	Mailing Address P.O. BOX 4363 TAMPA, FL 33677
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1097790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DIAZ, IVAN  
 4608 ST. VINCENT STREET  
 TAMPA, FL 33614

**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 \_\_\_\_\_ 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DIAZ, IVAN 4608 ST. VINCENT STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DIAZ, PATRICIA 2112 W MARQUETTE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, DIANA 8808 S LOGOON STREET TAMPA, FL 33614
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100000042831  
 02/10/04-80039-015 150.00

**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: Ivan Diaz (IVAN DIAZ) **2-5-04 813-824414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #