

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 299975

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: ALLEN PEST CONTROL INC

## Current Principal Place of Business:

1875 NE 149 STREET  
MIAMI, FL 33181 US

## New Principal Place of Business:

1920 NE 207 ST  
MIAMI, FL 33179 US

## Current Mailing Address:

1875 NE 149 STREET  
MIAMI, FL 33181 US

## New Mailing Address:

1920 NE 207 ST  
MIAMI, FL 33179 US

FEI Number: 59-1110575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, JAMES N  
1950 NE 207 ST.  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALLEN, JAMES N  
Address: 1950 N.E. 207 STREET  
City-St-Zip: MIAMI, FL 33179

Title: V ( ) Delete  
Name: ALLEN, KENNETH M  
Address: 615 N.E. 163 STREET  
City-St-Zip: MIAMI, FL 33162

Title: ST ( ) Delete  
Name: ALLEN, RUTH M  
Address: 615 N.E. 163 STREET  
City-St-Zip: MIAMI, FL 33162 US

Title: D ( ) Delete  
Name: ALLEN, DANIELLE D  
Address: 1950 N.E. 207 STREET  
City-St-Zip: MIAMI, FL 33179 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAMES N. ALLEN

P

06/30/2004

Electronic Signature of Signing Officer or Director

Date