

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 355961

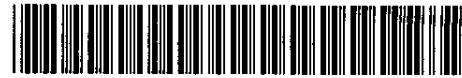
1. Entity Name

HUNT'S PEST CONTROL, INC.



**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 91056 049 ***150.00



MOORE CR2E034 (11/03)

Principal Place of Business		Mailing Address	
4 SOUTH MAIN STREET P.O. BOX 872 CHIEFLAND FL 32644 US		4 SOUTH MAIN STREET P.O. BOX 872 CHIEFLAND FL 32644 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
FEIBER JR,JAMES G 703 NE FIRST ST GAINESVILLE FL			
7. Name and Address of New Registered Agent			
Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code FL			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME VRADENBURGH, LINDA R STREET ADDRESS 925 SW 226TH ST CITY-ST-ZIP NEWBERRY FL 32669		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME HODGE, WESLEY T. STREET ADDRESS 2259 SW 40TH AVE CITY-ST-ZIP BELL FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> Delete NAME PHILMAN, THOMAS STREET ADDRESS 939 NW 20TH AVE CITY-ST-ZIP BELL, FL 00000		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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:

Thomas. F. Philman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

352-493-4772

Date

Daytime Phone #