



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 511236</b> 1. Entity Name <b>PEST STOP EXTERMINATING CO., INC.</b>		
Principal Place of Business <b>270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166</b>		Mailing Address <b>270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01192004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-1687819</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>PAYNE, CARL WESLEY 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  1000000062255 03/09/04-80022-008 158.75
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV PAYNE, CARL WESLEY 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAYNE, CAROL L. 270 LINWOOD DRIVE MIAMI SPRINGS, FL 33166	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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>Carl W. Payne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		