


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 531065

1. Entity Name
ENVIRONMENTAL PESTCONTROL ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
 277 STAR LAKE DR
 HAWTHORNE, FL 32640 US

Mailing Address
 277 STAR LAKE DR
 HAWTHORNE, FL 32640 US

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1735124

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, LAWRENCE R JR
 277 STAR LAKE DR
 HAWTHORNE, FL 32640

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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

U00000089877
 03/16/04-80006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FOSTER, LAWRENCE JR 277 STAR LAKE DR HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FOSTER, BARBARA F 277 STAR LAKE DR HAWTHORNE, FL 32640
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara F Foster BARBARA F. Foster 3-14-04 352-481-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #