


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90457 036 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # 686340 1. Entity Name D.O.A. PEST CONTROL, INC. | | | |  | |
| Principal Place of Business 1844 N NOS HILL RD 218 FORT LAUDERDALE, FL 33322 | | | Mailing Address 1844 N NOS HILL RD 218 FORT LAUDERDALE, FL 33322 | | |
| 2. Principal Place of Business 1844 N Nos Hill Rd | | 3. Mailing Address 1844 N Nos Hill Rd | | | |
| Suite, Apt. #, etc. 218 | | Suite, Apt. #, etc. 218 | | | |
| City & State Plantation Fl. | | City & State Plantation Fl | | 4. FEI Number 59-2026330 | |
| Zip 33322 | | Country Broward | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33322 | | Country Broward | | 6. Name and Address of Current Registered Agent MEYER, STANLEY J 7730 NW 50 ST LAUDERHILL, FL 33351 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | 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 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MEYER, STANLEY J 7730 NW 50 ST #A308 LAUDERHILL, FL 33351 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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)(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>Stanley J Meyer</u> Date <u>May 5-6-04</u> Daytime Phone # <u>754-244-8738</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |