

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 791123

1. Entity Name
SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.



Principal Place of Business
**5259 BOOKER LANE
JAY, FL 32565**

Mailing Address
**P O BOX 37
JAY, FL 32565**



02092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2144722

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAMOND, MICKEY
12760 CHUMUKLA HWY
JAY, FL 32565**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000119112
04/19/04-80087-021 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDWARDS, ALAN
2108 MINERAL SPRINGS RD
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SMITH, LEWIE J
3075 HICKORY HOLLOW LANE
JAY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DIAMOND, JOHN M.
12778 CHUMUCKLEA HWY
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NOLES, GEORGE
5665 JESSE ALLEN ROAD
MILTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DIAMOND, MICKEY
12760 CHUMUCKLE HWY
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOWRY, JIMMY J
4407 HWY 4 E
JAY, FL**

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04