

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000263

FILED
May 03, 2004
Secretary of State

Entity Name: THE INDUSTRIAL FUMIGANT CO.

Current Principal Place of Business:

19745 W 159TH ST
OLATHE, KS 66062

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1200
OLATHE, KS 660511200

New Mailing Address:

FEI Number: 44-0529835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, GORDON
6018-43RD TER., NORTH
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWLAND, J. MICHAEL
Address: 29 WHEATLAND DR.
City-St-Zip: OTTAWA, KS 66067

Title: V () Delete
Name: BLACHLY, ROBERT M
Address: 307 N. OAK
City-St-Zip: PAOLA, KS 66071

Title: ST () Delete
Name: BLAUFUSS, THOMAS
Address: 13403 WEST 122ND STREET
City-St-Zip: OVERLAND PARK, KS 66213

Title: D () Delete
Name: WILBUR, DONALD A JR
Address: 304 TOWER
City-St-Zip: PAOLA, KS 66071

Title: D () Delete
Name: ARNOTE, JIM L
Address: 4838 SOMERSET
City-St-Zip: PRAIRIE VILLAGE, KS 66207

Title: D () Delete
Name: SWOYER, GLEN F
Address: 5418 CAENEN
City-St-Zip: SHAWNEE, KS 66218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BLAUFUSS

ST

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date