


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91226 004 \*\*\*150.00

**DOCUMENT # H30756**  
 1. Entity Name  
**RELIABLE EXTERMINATING COMPANY**



Principal Place of Business      Mailing Address  
**1281 SW 1 WAY**      **1281 SW 1 WAY**  
**DEERFIELD BEACH FL 33441**      **DEERFIELD BEACH FL 33441**

**24067047**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-2508598**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**AMICI, LISA**  
**1281 SW 1 WAY**  
**DEERFIELD BEACH FL 33441**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAGONESE, NICHOLAS	
STREET ADDRESS	1281 SW 1 WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMICI, LISA	
STREET ADDRESS	1281 SW 1 WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAGONESE, ANTHONY	
STREET ADDRESS	1281 SW 1 WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Nicholas R. Ragonese      4/29/04 954-427-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #