

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **#372200 H 37260**

1. Entity Name

Truman's Pest Control, Inc.



FILED

04 FEB -9 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

214 DOMARIS AVENUE
LAKE WALES, FL 33853

Mailing Address

PO BOX 3305
LAKE WALES, FL 33859-3305



00000000 00000000 00000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2510705

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 00000000
0000000000

6. Name and Address of Current Registered Agent

ROBERTS, ELLIS T.
107 FRODENS ROAD
LAKE WALES, FL 33853

**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 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 000000
000000000000

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ROBERTS, ELLIS T.
107 FRODENS RD.
LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
ROBERTS, JUNE S.
107 FRODENS RD.
LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100028661001
02/12/04--01037--031 **150.00

**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)(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:

June S. Roberts, VPSD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/04 863/676 0107