2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H61763

FILED Mar 29, 2004 Secretary of State

Entity Name: WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.

400 FAIRW DEERFEILI		of Business:	New Principal Place	New Principal Place of Business:	
	/AY DR DBEACH, FL 3	33441 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
800 LANIDE PO BOX 36 PARSIPRA		0367 US			
FEI Number:	59-2555629	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
	/AY DR D BEACH, FL:				
ine above in the State		ubmits this statement for the pu	irpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Ager	nt	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ()E SAMETH, ROBER TALL PINES ROA NEW VERNON, N	AD .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E SAMETH, RICHA 954 BARNEGAT MANTOLOKING,	LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E YOURISH, STUA 9 OAK LAWN DR EAST HANOVER		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () E BURKE, JEANNE 1012 QUAIL PLA BRIELLE, NJ		Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:		Delete	Title:	() Change () Addition	

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: STUART M. YOURISH D 03/29/2004