

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90018 007 \*\*\*150.00

**DOCUMENT # J33941**

1. Entity Name

LIGHTNING PEST CONTROL CO.



Principal Place of Business  
29744 67TH ST. N.  
CLEARWATER FL 33761  
US

Mailing Address  
29744 67TH ST. N.  
CLEARWATER FL 33761  
US

J4022394



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2741248**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARMAN, RICHARD E.  
5750 WINDTREE DRIVE  
ZEPHYRHILLS FL 33541

Name

Street Address (P.O. Box Number is Not Acceptable)  
39413 Otis Allen Road

City Zephyrhills

FL Zip Code 33540

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME TARMAN, RICHARD E.  
STREET ADDRESS 5750 WINDTREE DRIVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 39413 Otis Allen Road  
CITY-ST-ZIP Zephyrhills FL 33540

TITLE STD ☐ Delete  
NAME TARMAN, E. JEAN  
STREET ADDRESS 5750 WINDTREE DRIVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 39413 Otis Allen Road  
CITY-ST-ZIP Zephyrhills FL 33540

TITLE VPD ☐ Delete  
NAME CLIFF, MICHAEL J  
STREET ADDRESS 29744 67TH ST N  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael J. Cliff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/4  
Date

727-772-9471  
Daytime Phone #