

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90355 039 \*\*\*150 00

<b>DOCUMENT # J38769</b>				<b>Secretary of State</b> 04-20-2005 90355 039 ***150.00	
1. Entity Name <b>INDEPENDENT TERMITE INSPECTORS AND CONSULTANTS, INC.</b>					
Principal Place of Business <b>207 MAGNOLIA RD WINTER SPRINGS, FL 32708</b>		Mailing Address <b>P.O. BOX 1357 MAITLAND, FL 32751</b>			
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 941357</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MAITLAND, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-2765443</b>	
<b>32794-1357</b>		<b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MARCHESANO, DENNIS A. 207 MAGNOLIA RD. WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS MARCHESANO, DENNIS A. 207 MAGNOLIA RD WINTER SPRGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>Dennis A. Marchesano</b>		4-14-05 407-649-5252			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			