


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90010 026 \*\*\*150.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # J85595</b><br>1. Entity Name<br><b>ALL-PEST, INC.</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>3837 KILLEARN COURT, B</b><br><b>TALLAHASSEE, FL 32309 US</b>   |  |  | Mailing Address<br><b>3837 KILLEARN COURT B</b><br><b>TALLAHASSEE, FL 32309 US</b> |   |  |
| 2. Principal Place of Business<br><b>4567 CAPITAL CIRCLE N.W.</b><br>Suite, Apt. #, etc.<br><b>B</b>  |  | 3. Mailing Address<br><b>4567 CAPITAL CIRCLE N.W.</b><br>Suite, Apt. #, etc.<br><b>B</b>                               |  |   |  |
| City & State<br><b>TALLAHASSEE, FL</b>  |  | City & State<br><b>TALLAHASSEE, FL</b>   |  | 4. FEI Number<br><b>59-2846926</b>  |  |
| Zip<br><b>32303</b>   |  | Country<br><b>LEON</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>ALLAMON, GARY</b><br><b>3827 LOMA FARM ROAD</b><br><b>TALLAHASSEE, FL 32309</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable. DATE   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPV<br>ALLAMON, GARY<br>3827 LOMA FARM ROAD<br>TALLAHASSEE, FL |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>ALLAMON, GARY<br>3827 LOMA FARM ROAD<br>TALLAHASSEE, FL  |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   |  | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   |  | <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: <u>GARY R. ALLAMON</u> <b>GARY R. ALLAMON</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  | 7-1-04 (850) 668-0555<br><small>Date Daytime Phone #</small>  |  |