

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90009 018 \*\*\*150.00

**DOCUMENT # J89037**  
1. Entity Name  
**EAGLE TERMITE AND PEST CONTROL, INC.**



Principal Place of Business      Mailing Address  
2770 SUMMERDALE DR      2770 SUMMERDALE DR  
CLEARWATER FL 33761      CLEARWATER FL 33761  
US      US

94017483



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2886060**      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PALUMBO, RICHARD A.**  
**2980 KENSINGTON TRACE**  
**TARPON SPRINGS FL ~~34689~~**  
**34688**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      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 \_\_\_\_\_

**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

TITLE	DPV	<input type="checkbox"/> Delete
NAME	PALUMBO, RICHARD A.	
STREET ADDRESS	2980 KENSINGTON TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL <del>34689</del> 34688	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALUMBO, KATHY A	
STREET ADDRESS	2980 KENSINGTON TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL <del>34689</del> 34688	
TITLE	TSM	<input type="checkbox"/> Delete
NAME	BALDWIN, DEBRA K.	
STREET ADDRESS	884 FRANKLIN CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALUMBO, MARISA A	
STREET ADDRESS	2980 KENSINGTON TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL <del>34689</del> 34688	
TITLE	S	<input type="checkbox"/> Delete
NAME	PALUMBO, NICCI C	
STREET ADDRESS	2980 KENSINGTON TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL <del>34689</del> 34688	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34688	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Palumbo*      RICHARD PALUMBO 2/13/04 727-796-2491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #