


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90092 024 ***158.75

DOCUMENT # J89230 1. Entity Name ARESTAPEST, INC.					
Principal Place of Business 6281 POWERS AVE. JACKSONVILLE, FL 32217				Mailing Address PO BOX 5785 JACKSONVILLE, FL 32247	
2. Principal Place of Business 6281 Powers Ave Suite, Apt. #, etc.				3. Mailing Address P.O. BOX 24001 Suite, Apt. #, etc.	
City & State JAX, FL		City & State JAX, FL		4. FEI Number 59-2865476	
Zip 32217		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINREB, NEIL L 3045 BELAIR RD S. JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Joiner Janet L. Street Address (P.O. Box Number is Not Acceptable) 3344 BEAUCLERC Rd City JAX FL Zip Code 32257	
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 <u><i>Janet Joiner</i></u> 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Neil Weinreb 3045 Belair Rd S. JAX FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Janet L. Joiner 3344 BEAUCLERC Rd JAX FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. neil Weinreb 3045 Belair Rd S JAX FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Janet L. Joiner 3344 BEAUCLERC Rd JAX FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Janet Joiner</i></u> 4/20/04 (904) 739 3908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					