

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K07342**

1. Entity Name  
**MCKENZIE PEST AND TERMITE, INC.**



Principal Place of Business  
**3000 KENILWORTH BLVD  
SEBRING, FL 33870 US**

Mailing Address  
**P.O. BOX 1844  
SEBRING, FL 33871**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2866887</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCKENZIE, H. VERNON  
2800 THUNDERBIRD RD  
SEBRING, FL 33872**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MCKENZIE, H. VERNON  
STREET ADDRESS 2800 THUNDERBIRD RD  
CITY-ST-ZIP SEBRING, FL 33872

TITLE V  
NAME BOOK, JAMES DOYLE  
STREET ADDRESS 4415 WHITING DRIVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE ST  
NAME MCKENZIE, H. VERNON  
STREET ADDRESS 2800 THUNDERBIRD RD  
CITY-ST-ZIP SEBRING, FL 33872

TITLE AVP  
NAME MCKENZIE, MELVIN R  
STREET ADDRESS 4843 SHAD DR.  
CITY-ST-ZIP SEBRING, FL

TITLE AVP  
NAME PENNELL, SUSAN R  
STREET ADDRESS 1640 S E LAKEVIEW DR  
CITY-ST-ZIP SEBRING, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: H. Vernon M. McKenzie 1/6/04 863 471 2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #