

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36029

FILED  
Feb 24, 2004  
Secretary of State

**Entity Name:** PALM BEACH PEST CONTROL OF THE PALM BEACHES INCORPORATED

**Current Principal Place of Business:**

2835 KIRBY AVE  
#105  
PALM BAY, FL 32907 US

**New Principal Place of Business:**

**Current Mailing Address:**

235 JARO ST., N.E.  
PALM BAY, FL 32907 US

**New Mailing Address:**

**FEI Number:** 65-0170276

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

COX, CHARLES EDWIN  
235 JARO ST NE  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution** ( ).

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** COX, CHARLES EDWIN,  
**Address:** 235 JARO ST., N.E.  
**City-St-Zip:** PALM BAY, FL

**Title:** VD ( ) Delete  
**Name:** COX, CYNTHIA A,  
**Address:** 235 JARO ST., N.E.  
**City-St-Zip:** PALM BAY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CYNTHIA A. COX

VD

02/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date