# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 09, 2004**
**Secretary of State**

DOCUMENT# K75660

**Entity Name:** PROFESSIONAL PEST CONTROL PRODUCTS OF PENSACOLA,INC.

**Current Principal Place of Business:**

6920 PINE FOREST RD.
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

6290 PINE FOREST ROAD
PENSACOLA, FL 32526 US

**New Mailing Address:**

**FEI Number: 59-2939405** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

POWELL, THOMAS M.
RT 1 BOX 204
PENSACOLA, FL 32503

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

POWELL, THOMAS M.
6920 PINE FOREST ROAD
PENSACOLA, FL 32526

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: 07/09/2004
Electronic Signature of Registered Agent — Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: POWELL, THOMAS M
Address: 6920 PINE FOREST ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: ST ( ) Delete
Name: POWELL, MARSHA G
Address: 6920 PINE FOREST ROAD
City-St-Zip: PENSACOLA, FL 32526

**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: THOMAS M POWELL P 07/09/2004
Electronic Signature of Signing Officer or Director — Date