

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90029 039 ***150.00

DOCUMENT # K92347

1. Entity Name

MISTY PEST CONTROL, INC.



Principal Place of Business

3646 NW 16TH ST
LAUDERHILL FL 33311
US

Mailing Address

C/O JOYCE EILEEN RUBIN
600 NW 76TH AVE.
PLANTATION FL 33324

2. Principal Place of Business

3646 N.W. 16th St.

3. Mailing Address

C/O Joyce Eileen Rubin

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600 N.W. 76th Ave.

City & State

Lauderhill Florida

City & State

Plantation Florida

Zip

33311

Country

Broward

Zip

33324

Country

Broward



MOORE

CR2E034 (11/03)

4. FEI Number

65-0127533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, MARK S
600 NW 76TH AVE.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Rubin, mark S.

Street Address (P.O. Box Number is Not Acceptable)

600 N.W. 76th Ave

City Plantation

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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 P ☐ Delete
NAME RUBIN, MARK S
STREET ADDRESS 600 NW 76TH AVE.
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mark S. Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Rubin 3-30-2004 954472-3082

Date

Daytime Phone #