


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 021 ***150.00

DOCUMENT # L01912	
1. Entity Name ANCIENT CITY PEST CONTROL, INC.	

Principal Place of Business P.O. BOX 860263 3400 US 1 SOUTH ST AUGUSTINE, FL 32086	Mailing Address P.O. BOX 860263 3400 US 1 SOUTH ST AUGUSTINE, FL 32086 US
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2959600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCORMICK, PEGGY
4628 AVE. D
ST AUGUSTINE, FL 32095

**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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCORMICK, PEGGY 4628 AVE. D ST AUGUSTINE, FL <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, CHARLES 212 HAWTHORN RD ST AUGUSTINE, FL <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patricia A. Clow 3400 US 1 South St. Augustine FL 32086 ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Clow 3400 US 1 South St. Augustine, FL 32086 ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Patricia Clow 3/15/04 904-797-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #