

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2004 90011 018 \*\*\*150.00

<b>DOCUMENT # L29677</b>	
1. Entity Name <b>G &amp; H PEST CONTROL, INC.</b>	



Principal Place of Business <b>1908 SOUTH FRENCH AVENUE SANFORD FL 32771</b>	Mailing Address <b>1908 SOUTH FRENCH AVENUE SANFORD FL 32771</b>
---	---

2. Principal Place of Business <b>1015 W. 1st St.</b>	3. Mailing Address <b>1015 W 1st St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sanford</b>	City & State <b>Sanford</b>
Zip <b>32771</b>	Country <b>Sanford</b>

4. FEI Number <b>59-2979193</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>HATCH, MARK 1908 S FRENCH AVE SANFORD FL 32771</b>	
7. Name and Address of New Registered Agent Name <b>Hatch Mark</b> Street Address (P.O. Box Number is Not Acceptable) <b>1015 W. 1st St.</b> City <b>Sanford</b> FL Zip Code <b>32771</b>	

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 *Mark Hatch* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HATCH, MARK</b> <b>1908 S. FRENCH AVENUE</b> <b>SANFORD FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>HATCH, MARK</b> <b>1908 S. FRENCH AVENUE</b> <b>SANFORD FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARK HATCH</b> <b>1015 W. 1st St</b> <b>Sanford, Fla.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp;</b> <b>Sec. - T.D.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Mark Hatch* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/04 Daytime Phone # \_\_\_\_\_