2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # L30190** 1. Entity Name CIMEX PEST MANAGEMENT, INC. Principal Place of Business Mailing Address 152 SYCAMORE DR. 152 SYCAMORE DR. DEBARY, FL 32713 DEBARY, FL 32713 DO NOT WRITE IN THIS SPACE

**FILED** Apr 22, 2004 08:00 AM Secretary of State



No Chg-P Applied For 4. FEI Number 59-2981029 Not Applicable

5. Certificate of Status Desired

04192004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

DEILUS, ALAN J. 152 SYCAMORE DR. DEBARY, FL 32713

## 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 it	f applicable. (NOTE. Registered	Agent signature required when reinsta	DATE
FILE NOW!!! FEE (\$ \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	sing \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEILUS, ALAN J. 152 SYCAMORE DRIVE DEBARY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEILUS, MARIETTA 152 SYCAMORE DRIVE DEBARY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D	O NOT WRITE
title Name Street Address City-St-Zip			***	N THIS SPACE
TITLE NAME STREET ADDRESS CSTY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		-
12. I hereby o	ertify that the information supplied with this fil	ing does not qualify for the exen	ption 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 tike empowered.

SIGNATURE: