


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L36219
 1. Entity Name
 TEMPEST PEST CONTROL, INC.



Principal Place of Business
 5621 SW 162ND AVE
 FT LAUDERDALE, FL 33331

Mailing Address
 5621 SW 162ND AVE
 FT LAUDERDALE, FL 33331

DO NOT WRITE IN THIS SPACE



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0159251

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 JURIGA, JAMES A
 5621 SW 162ND AVE
 FT LAUDERDALE, FL 33331

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JURIGA, CONCHITA H
STREET ADDRESS	5621 SW 162ND AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	VTD
NAME	JURIGA, JAMES A
STREET ADDRESS	5621 SW 162ND AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	JURIGA, MICHEAL A.
STREET ADDRESS	5621 SW 162ND AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	JURIGA, JAMES A., JR.
STREET ADDRESS	5621 SW 162ND AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	VSD
NAME	JURIGA, LYNN N.
STREET ADDRESS	5621 SW 162ND AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000171125
 08/30/04-80005-006 550.00

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)(b), 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: *James A. Juriga*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04 (954) 434-7311
 Date Date/Time Phone #