

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001966

**FILED
Jul 01, 2004
Secretary of State**

Entity Name: CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC.

Current Principal Place of Business:

6635 W COMMERCIAL BLVD
SUITE 201
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6635 W COMMERCIAL BLVD
SUITE 201
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-0572961 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A ESQ.
8000 PETERS ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MINOR, ED
Address: 5024 SUNBEAM RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: CAMPBELL, DONALD
Address: PO BOX 1619
City-St-Zip: NEWBERRY, FL 32669

Title: PD () Delete
Name: MEAHL, RICHARD
Address: P.O. BOX 454 HWY 44 EAST
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: VP () Delete
Name: LIVINGSTON, GILBERT
Address: 3440 NW 71ST ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: ED () Delete
Name: EDELSTEIN, MEL
Address: 6635 W COMMERCIAL BLVD #219
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MINOR, ED
Address: 5024 SUNBEAM RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: BARTLEY, JAMES
Address: 102 DOE TRAIL
City-St-Zip: JUPITER, FL 33458

Title: SD (X) Change () Addition
Name: BARTLEY, JAMES
Address: 102 DOE TRAIL
City-St-Zip: JUPITER, FL 33458

Title: PD (X) Change () Addition
Name: LIVINGSTON, GILBERT
Address: 3440 NW 71ST ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: ED (X) Change () Addition
Name: SMITH, NORMAN
Address: 6635 W COMMERCIAL BLVD #219
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SMITH

ED

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date