


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000030154**  
 1. Entity Name  
**GOLD EAGLE PEST CONTROL SERVICE, INC.**



Principal Place of Business      Mailing Address  
**139 FAIRWAY TEN DRIVE**      **139 FAIRWAY TEN DRIVE**  
**CASSELBERRY, FL 32707**      **CASSELBERRY, FL 32707 US**



01052004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3631093**      Not Applicable

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

5. Name and Address of Current Registered Agent  
**VIGILANTE, ALAN**  
**139 FAIRWAY TEN DRIVE**  
**CASSELBERRY, FL 32707**

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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 after recording)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VIGILANTE, JANET M 139 FAIRWAY TEN DRIVE CASSELBERRY FL 32707
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12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(2)(a), 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 information.

**SIGNATURE:** *Janet M. Vigilante*      Janet M. Vigilante      1-5-04      407-695-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #