2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P00000038596 1. Entity Name 08-02-2004 90012 026 ***155.00 M.D. PEST CONTROL, INC. Principal Place of Business Mailing Address 4640 CARVER STREET **4640 CARVER STREET** LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 65-1007316 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -CORPORATION-SERVICE COMPANY ----Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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 (NOTE/Registered Agent signature required reinstatino) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition DOYON, MARC NAME NAME 4640 CARVER ST STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DOYON, SIMONE NAME STREET ADDRESS 352 DAVIS:RD STREET ADDRESS CITY-ST-ZIP PALM SPRINGS FL 33461 CITY-ST-7IP TITLE Delete ☐ Change TITLE ■ Addition NAME DOYON, MARC NAME STREET ADDRESS 4640 CARVER ST STREET ADDRES CITY-ST-ZIP LAKE-WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition DOYON, MARC NAME NAME STREET ADDRESS 4640 CARVER ST STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

To Fl. Dept. if State. Attachment # P00000038596

I, Mar Doyon, Never recieved any invoice or report

Concerning renewal! Thank You for sending me the

(AR) Annual Report, I am sending it to you ASAP. W/

Check for \$155. Any Questions Please call me

Mare Doyon at \$101.3574442.

Thanky

Mare Down (Resident)