


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093290	
1. Entity Name FLORIDA SUN INTEGRATED PEST MANAGEMENT, INC.	

Principal Place of Business 7556 SEABREEZE DRIVE LAKE WORTH, FL 33467	Mailing Address 7556 SEABREEZE DRIVE LAKE WORTH, FL 33467
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01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1042429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLYNN, DENNIS P CPA 3898 POINCIANA SUITE #13 LAKE WORTH, FL 33467

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000135205 04/28/04-80047-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BELLUS, LINETTE J 7556 SEABREEZE DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BELLUS, ROBERT A 7556 SEABREEZE DRIVE LAKE WORTH, FL 33467
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Robert Bellus</u> - <u>Vice President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-23-04</u> <small>Date</small>	<u>561-641-3786</u> <small>Daytime Phone #</small>
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