2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000077701

1. Entity Name KELLEY PEST CONTROL, INC.



FILED Feb 23, 2004 08:00 AM Secretary of State

Principal Place of Business

13924 SW 46 TERRACE UNIT B MIAMI, FL 33175

Mailing Address

13924 SW 46 TERRACE UNIT B MIAMI, FL 33175



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 02052004 No Chg-P

4. FEI Number Applied For 03-0435196 Not Applicable

5. Certificate of Status Desired

IN THIS SPACE

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, BRIAN J 13924 SW 46 TERRACE UNIT B MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its re	egistered office or	registered agent, or bo	oth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE; F	Registered Agent si gnatu	a required when reinstating)	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		000000060653 02/23/04-80047-011	150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET AODRESS CITY-ST-ZIP	D KELLEY, BRIAN J 13924 SW 46 TERRACE UNIT B MIAMI, FL 33175					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	

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

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP