2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P02000003589** ADVANCED PEST & TERMITE INC. Principal Place of Business Mailing Address 2556 NELSON ST. 2556 NELSON ST. AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0536081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, STACY 2556 NELSON ST. AUBURNDALE, FL 33823 IN THIS SPACE 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 when (sinstating) U00000126136 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/23/04-80021-025 150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ALLAN DAVIS, STACY NAME 2556 NELSON STREET STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 supplementative port 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 projected 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 wit address, with all other like empowered

SIGNATURE:

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

NAME OF SIGNING OFFICER OR DIRECTOR

FILED