


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90247 011 \*\*\*150.00

<b>DOCUMENT # P02000024323</b>			
1. Entity Name <b>HURRICANE PEST SERVICES, INC.</b>			
Principal Place of Business <b>4121 SW 47TH AVE., STE. 1309 FT. LAUDERDALE FL 33314</b>		Mailing Address <b>4121 SW 47TH AVE., STE. 1309 FT. LAUDERDALE FL 33314</b>	
2. Principal Place of Business <b>4340 SW 9 CT</b>		3. Mailing Address <b>4340 SW 9 CT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Plantation, FL</b>		City & State <b>Plantation, FL</b>	
Zip <b>33317</b>	Country <b>BROWARD</b>	Zip <b>33317</b>	Country <b>BROWARD</b>
6. Name and Address of Current Registered Agent  <b>FRAZER, LESLIE JAMES JR 4121 SW 47TH AVE., STE. 1309 FT. LAUDERDALE FL 33314</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.  SIGNATURE <u>LESLIE James Frazer Jr, President, Leslie James Jr</u> 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRAZER, LESLIE J JR 4121 SW 47 AVE., STE 1309 FORT LAUDERDALE FL 33314</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Leslie J. Frazer, JR 4340 SW 9 CT Plantation, FL 33317</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**SIGNATURE:** Leslie James Frazer Jr **LESLIE James Frazer JR** 4-20-04 954-327-1242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E034 (11/03)