

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034996

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** GULF COAST LAWN & PEST MANAGEMENT INC.

**Current Principal Place of Business:**

406 S E 19TH STREET  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

3020 MATECUMBE KEY ROAD  
APT #306  
PUNTA GORDA, FL 33955

**Current Mailing Address:**

406 S E 19TH STREET  
CAPE CORAL, FL 33990

**New Mailing Address:**

3020 MATECUMBE KEY ROAD  
APT #306  
PUNTA GORDA, FL 33955

**FEI Number:** 03-0436414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCABE, STEVE  
406 S E 19TH STREET  
CAPE CORAL, FL 33990

**Name and Address of New Registered Agent:**

MCCABE, STEVE  
3020 MATECUMBE KEY ROAD  
APT #306  
PUNTA GORDA, FL 33955

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.

**SIGNATURE:**

04/30/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCABE, STEVE  
Address: 406 S E 19TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCCABE, STEVE  
Address: 3020 MATECUMBE KEY ROAD #306  
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** STEVE MCCABE

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date