

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000056677 1. Entity Name TERMITE INSPECTIONS & CONSULTANTS, INC.					
Principal Place of Business 10245 ROCKFORD AVENUE ENGLEWOOD, FL 34224				Mailing Address 10245 ROCKFORD AVENUE ENGLEWOOD, FL 34224	
DO NOT WRITE IN THIS SPACE				 02102004 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DICKINSON, ROBERT A 460 S. INDIANA AVENUE ENGLEWOOD, FL 34223		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
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		00000090840 03/17/04-80035-009 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P FINCH, STEVEN B 10245 ROCKFORD AVENUE ENGLEWOOD, FL 34224			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST FINCH, MARY LOU F 10245 ROCKFORD AVE. ENGLEWOOD, FL 34224			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/04 <small>Date</small>		941-628-9501 <small>Daytime Phone #</small>	