


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90296 049 ***150.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # P02000074835 | |  | |
| 1. Entity Name PROSCAPE PEST CONTROL INC. | | | |
| Principal Place of Business 406 SE 19TH ST CAPE CORAL FL 33990 | | Mailing Address 406 SE 19TH ST CAPE CORAL FL 33990 | |
| 2. Principal Place of Business 3020 MATECUMBE Key RD Apt 306 | | 3. Mailing Address P.O. BOX 152929 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Punta Gorda FL | | City & State CAPE CORAL FL | |
| Zip 33955 | Country | Zip 33915 | Country |

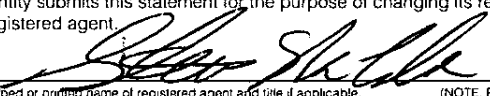


MOORE CR2E034 (11/03)

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|--|--|--|--|
| 4. FEI Number 65-1156788 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent MCCABE, STEVE 406 SE 19TH ST CAPE CORAL FL 33990 | | 7. Name and Address of New Registered Agent Name STEVE MCCABE Street Address (P.O. Box Number is Not Acceptable) 3020 MATECUMBE Key RD City Punta Gorda FL Zip Code 33955 | |
|--|--|---|--|

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.

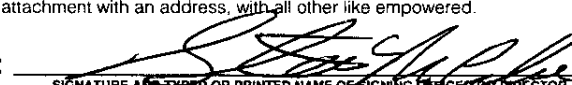
SIGNATURE  DATE **3/20/04**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCABE, STEVE 406 SE 19TH ST CAPE CORAL FL 33990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCABE, STEVE 3020 MATECUMBE Key RD APT. 306 Punta Gorda FL 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YEAGER, GRADY 3427 SW 6TH PL CAPE CORAL FL 33914 <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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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:  DATE **3/20/04** (940-3082)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR