

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093125

FILED
Apr 27, 2004
Secretary of State

Entity Name: TURNER PEST MANAGEMENT INC.

Current Principal Place of Business:

1200 RIVERPLACE BLVD STE 902
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1200 RIVERPLACE BLVD STE 902
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 11-3653140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE STE 300
MIAMI, FL 331313209 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANKLIN, BEN T JR
Address: 1200 RIVERPLACE BLVD STE 902
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MILLER, SCOTT C
Address: 3333 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32247

Title: D () Delete
Name: CAHOON, ARTHUR L
Address: 1200 RIVERPLACE BLVD STE 902
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HUDSON, ASHTON
Address: 1200 RIVERPLACE BLVD STE 902
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HUME, MICHAEL
Address: 2800 HAINES STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ASHTON HUDSON

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date