2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90067 046 ***150.00

DOCUMENT # P02000127857

1. Entity Name
SPOT-LITE AACTION PEST CONTROL, INC.

Principal Place of Business	Mailing Address
273 TAYLOR LN. NW PORTCHARLOTTE, FL 33952	273 TAYLOR LN. NW PORTCHARLOTTE, FL 33952

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 32-0057286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHEARS, JAMES T 273 TAYLOR LN. NW PORTCHARLOTTE, FL 33952	Name: CHEARS CHARLES ANNA Street Address (P.O. Box Number is Not Acceptable): 273 TAYLOR LN. N.W. City: PORT CHARLOTTE FL Zip Code: 33952

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: Anna Charles Chears Anna Charles Chears 4-19-04
(Signature, typed or printed name of registered agent, and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 CHEARS, JAMES T 273 TAYLOR LN. NW PORTCHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHEARS, CHARLES ANNA 273 TAYLOR LN. N.W. PORT CHARLOTTE, FL 33952 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEARS, ANNA M 273 TAYLOR LN. NW PORTCHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP V.P. LEWIS JESSE 2613 LAKE VIEW BLVD PORT CHARLOTTE, FL 33948 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FANNING, EDWARD 105 24th GREENWAY AVE ENGLEWOOD, FL 34224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, AUDREY 2613 LAKEVIEW BLVD PORT CHARLOTTE, FL 33948 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREO SPRENGER, KATHLEEN 965 HOOD AVE PORT CHARLOTTE, FL 33948 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND EDWARDS, PAUL 3358 YUKON DR PORT CHARLOTTE, FL 33948 ☐ Change ☒ 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: Anna Charles Chears 4/19/04 941-625-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #