

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90333 004 ***150.00

DOCUMENT # P03000019025

1. Entity Name
PERSISTENT PEST & TERMITE, INC.



Principal Place of Business
**3500 NW BOCA RATON BLVD #715
BOCA RATON, FL 33431**

Mailing Address
**3500 NW BOCA RATON BLVD #715
BOCA RATON, FL 33431**

2. Principal Place of Business
1050 S.W. 15th Ave.

3. Mailing Address
1050 S.W. 15th Ave.

Suite, Apt. #, etc.



04282004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON

Zip
33486

Country
Palm Beach

4. FEI Number
02-0673572

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MONTAGUE, LILIANA V
3500 NW BOCA RATON BLVD #715
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
MONTAGUE LILIANA V.

Street Address (P.O. Box Number is Not Acceptable)
1050 SW 15th Ave.

City
BOCA RATON

FL Zip Code
33486

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: **4-28-04**

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 ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P, SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGUE, LILIANA V		NAME	MONTAGUE, LILIANA	
STREET ADDRESS	3500 NW BOCA RATON BLVD #715		STREET ADDRESS	1050 S.W. 15 th Ave.	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGUE, ALIONAA V		NAME		
STREET ADDRESS	3500 NW BOCA RATON BLVD #715		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2. 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: **LILIANA MONTAGUE 4-28-04 (561)417-3886**

Signature and typed or printed name of signing officer or director Date Daytime Phone #