## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 13, 2004 8:00 am Secretary of State DOCUMENT # P03000029329 04-13-2004 90010 044 \*\*\*150 00 KURT'S PEST CONTROL, INC. Principal Place of Business Mailing Address 54032257 7315 MAYFIELD DRIVE 7315 MAYFIELD DRIVE PORT RICHEY, FL 34668 US PORT RICHEY, FL 34668 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01262004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number <u>'n - 006803</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILBISH, KURT A Street Address (P.O. Box Number is Not Acceptable) 7315 MAYFIELD DRIVE PORT RICHEY, FL 34668 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change ■ Addition PRESIDENT NAME NAME KUTT A HILBISH 7315 MAYFIELD OR-PORT RICHEY, FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY VICE PRESIDENT ☐ Change TITLE ☐ Delete ■ Addition TITLE KURTA HILBISH NAME 315 may ficia Or · 2 · 1 / 2 · 45 STREET ADDRESS STREET ADDRESS CITY-ST-7IP Poer Richery FL 34668 CITY-ST-ZIP ECRETARY TITLE ☐ Delete TITLE ☐ Change Addition MARYOHILBISH DR STREET ADDRESS STREET ADDRESS Pour Richey, Fr 34668 CITY-ST-ZIP CITY-ST-ZIP TREASUREL Defete ☐ Change Addition NAME NAME manfieldOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 ampowered. SIGNATURE: ICER OR DIRECTOR Daytime Phone #

**FILED**