

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90011 048 \*\*\*158.75

**DOCUMENT # P03000044536**

1. Entity Name  
**ALL-PRO TEAM PEST MANAGEMENT, INC.**



Principal Place of Business

3005 GULF BLVD  
BELLEAIR BCH, FL 33786

Mailing Address

3005 GULF BLVD  
BELLEAIR BCH, FL 33786

*CHANGE OF ADDRESS.*

2. Principal Place of Business

*3054 HONEY SUCKLE RD.*  
Suite, Apt. #, etc.  
*LARGO, FL.*

3. Mailing Address

*3054 HONEY SUCKLE RD.*  
Suite, Apt. #, etc.  
*LARGO, FL.*

City & State

*33770*

Zip

Country

*USA*

City & State

*33770*

Zip

Country

*USA*

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number

*16-1664860*

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, CHARLIE R. ESQUIRE**  
7 FOUNTAIN SQUARE  
BELLEAIR, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **NORQUEST, LAWRENCE A**  
STREET ADDRESS **3005 GULF BLVD**  
CITY-ST-ZIP **BELLEAIR BCH, FL 33786**

TITLE **DS** ☐ Delete  
NAME **NORQUEST, SHERYL L**  
STREET ADDRESS **3005 GULF BLVD**  
CITY-ST-ZIP **BELLEAIR BCH, FL 33786**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 empowered.

SIGNATURE

*Lawrence A. Norquest*  
*7-7-04 (727) 585-2185*