2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110781

FILED Apr 30, 2004 Secretary of State

Entity Name: HOWELL EXTERMINATING CHEMICAL COMPANY INC.

	THO WELL EXTERNATION OF LIVING	LEGGINI / WYT II VO.	
Current Principal Place of Business:		New Principal Place of Business:	
20673 NE CR BLOUNTSTOV			
Current Mailing Address:		New Mailing Address:	
P.O. BOX 565 BLOUNTSTOV	WN, FL 32424 US		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Ad	dress of Current Registered Agent:	Name and Address of New Registered Agent:	
HOWELL, CHA 20673 NE CRA BLOUNTSTOV		NICHOLS, SCOTT 19705 NW SR 73 CLARKSVILLE, FL 32430 US	
The above nan in the State of I		purpose of changing its registered office or registered agent, or both	
SIGNATURE:	SCOTT NICHOLS	04/30/2004	
	Electronic Signature of Registered Ac	gent Date	
Election Campai	gn Financing Trust Fund Contribution ().		
OFFICERS AN	ND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	()Delete	Title: P () Change (X) Addition Name: NICHOLS, SCOTT Address: 19705 NW SR 73 City-St-Zip: CLARKSVILLE, FL 32430	
Title: Name: Address: City-St-Zip:	() Delete	Title: VP () Change (X) Addition Name: NICHOLS, SCOTT Address: 19705 NW SR 73 City-St-Zip: CLARKSVILLE, FL 32430	
Title: Name: Address: City-St-Zip:	() Delete	Title: T () Change (X) Addition Name: NICHOLS, SCOTT Address: 19705 NW SR 73 City-St-Zip: CLARKSVILLE, FL 32430 US	
Title: Name: Address: City-St-Zip:	()Delete	Title: S () Change (X) Addition Name: NICHOLS, SCOTT Address: 19705 NW SR 73 City-St-Zip: CLARKSVILLE, FL 32430	

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: SCOTT NICHOLS P 04/30/2004