

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90034 007 ***150.00

DOCUMENT # P93000007973

1. Entity Name
PRO-LINE PROFESSIONAL PEST CONTROL SUPPLIES, INC.



Principal Place of Business
**2421 ENTERPRISE RD.
ORANGE CITY, FL 32763 US**

Mailing Address
**2421 ENTERPRISE RD.
ORANGE CITY, FL 32763 US**

44006344



01092004 Chg-P CR2E034 (10/03)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3164781

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GODWIN, WAYNE
2421 ENTERPRISE RD.
ORANGE CITY, FL 32763**

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
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

TITLE - NAME STREET ADDRESS CITY - ST - ZIP	DP GODWIN, COLIN 62 STATLER AVE. DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	D GODWIN, WAYNE 2421 ENTERPRISE RD. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Wayne Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 386 747 1292
Date Daytime Phone #