

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000041781

1. Entity Name  
 CITY & COUNTRY PEST CONTROL, INC.



Principal Place of Business  
 5512 SOUTH TAMPA AVENUE  
 ORLANDO, FL 32839

Mailing Address  
 5512 SOUTH TAMPA AVENUE  
 ORLANDO, FL 32809



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 NOT APPLICABLE Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAMPTON, ISHMAIL P  
 5512 SOUTH TAMPA AVENUE  
 ORLANDO, FL 32809

**DO NOT WRITE IN THIS SPACE**

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	P HAMPTON, FERN E 5512 SOUTH TAMPA AVENUE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BURNSED, CHRI E 9412 WALDSTRASSE COURT ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMPTON, PAUL E 1800 BAXTER AVE. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAMPTON, SHAWN M 5512 SOUTH TAMPA AVENUE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Fern E Hampton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

407-816-5513

Daytime Phone #