

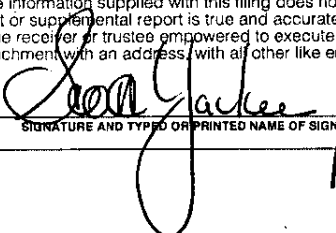


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90458 043 \*\*\*150.00

<b>DOCUMENT # P94000043371</b> 1. Entity Name <b>EASTERN EXTERMINATING, INC.</b>					
Principal Place of Business <b>14929 NW 7TH AVENUE MIAMI, FL 33168</b>			Mailing Address <b>14929 NW 7TH AVENUE MIAMI, FL 33168</b>		
2. Principal Place of Business <b>953 NW 3RD AVE</b> Suite, Apt. #, etc. <b>SUITE # 11</b> City & State <b>FLORIDA CITY, FL</b> Zip <b>33034</b>		3. Mailing Address <b>953 NW 3RD AVE</b> Suite, Apt. #, etc. <b>SUITE # 11</b> City & State <b>FLORIDA CITY, FL</b> Zip <b>33034</b>			
05032004    Chg-P    CR2E034 (10/03)		4. FEI Number <b>65-0494903</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>YACKEE, SCOTT 14929 NW 7TH AVENUE MIAMI, FL 33168</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>953 NW 3RD AVE, SUITE # 11</b> City <b>FLORIDA CITY, FL</b> Zip Code <b>33034</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORTER, POWELL D 14929 NW 7 AVE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>953 NW 3rd Ave, Suite 11 Florida City, FL 33034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVAK, ROBERT 14929 NW 7 AVE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>953 NW 3rd Ave, Suite 11 Florida City, FL 33034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YACKEE, SCOTT 14929 NW 7TH AVE MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>953 NW 3rd Ave, Suite 11 Florida City, FL 33034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRV PORTER, LORI A 14929 NW 7 AVE MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>953 NW 3rd Ave, Suite 11 Florida City, FL 33034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>SCOTT YACKEE</b>		
			Date <b>5/7/04</b>		
			Daytime Phone # <b>305-769-2899</b>		