


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90021 007 ***150.00

DOCUMENT # P94000090024 1. Entity Name CERTIFIED PEST SERVICES, INC.					
Principal Place of Business 1640 ANORADA BLVD KISSIMMEE, FL 34744 US			Mailing Address 1640 ANORADA BLVD KISSIMMEE, FL 34744 US		
2. Principal Place of Business 4714 Briarpatch Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 700365 Suite, Apt. #, etc.			
City & State Saint Cloud FL		City & State Saint Cloud FL		4. FEI Number 59-3283011	
Zip 34771		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE HODGES, EA 250 CR 427 S STE 116 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Charles J Smail Street Address (P.O. Box Number is Not Acceptable) 4714 Briarpatch Lane City Saint Cloud FL Zip Code 34771		
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: <u><i>Charles J Smail</i></u> DATE: <u>4-9-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P. SMAIL, CHARLES J 1640 ANORADA BLVD KISSIMMEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4714 Briarpatch Lane Saint Cloud FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMAIL, G 1640 ANORADA BLVD KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4714 Briarpatch Lane Saint Cloud FL 34771	
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	
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: <u><i>Charles J Smail</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-9-04</u> Daytime Phone #: <u>407-908-8265</u>		

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