2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90012 003 ***150.00

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1. Entity Name
BUDGET TERMITE & PEST CONTROL, INC.

Principal Place of Business	Mailing Address
1260 S. JOHN YOUNG PKWY KISSIMMEE, FL 34741 US	1260 S. JOHN YOUNG PKWY KISSIMMEE, FL 34741 US

2. Principal Place of Business	3. Mailing Address
3601-F COMMERCE BLVD	3601-F COMMERCE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741 Country	Zip: 34741 Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3423570 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILES, R. STEPHEN JR 100 CHURCH ST KISSIMMEE, FL 34741	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HOGAN, EDWARD J 3000 PINERIDGE CR KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3617 CROSLEY AVE ST CLOUD, FL. 34772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HOGAN, KATHLEEN B 3000 PINERIDGE CR KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3617 CROSLEY AVE ST CLOUD, FL. 34772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WAYNE, ELOVER E 1533 TRUMBULL ST. KISSIMMEE, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLOVER, WAYNE E	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Edward J Hogan EDWARD J. HOGAN 3/30/04 407-933-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #