

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025857

Entity Name: PAR PEST CONTROL, INC.

FILED  
Mar 12, 2004  
Secretary of State

## Current Principal Place of Business:

5773 NEWBURY CIRCLE  
MELBOURNE, FL 32940

## New Principal Place of Business:

## Current Mailing Address:

792 SW GROVE AVE 101  
PORT ST LUCIE, FL 34983

## New Mailing Address:

FEI Number: 65-0654991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKER, W. KEITH  
5773 NEWBURY CIRCLE  
MELBOURNE, FL 32940

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete  
Name: BROOKER, W. KEITH  
Address: 1166 IDA WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: PS ( ) Delete  
Name: BROOKER, CYNTHIA L  
Address: 1166 IDA WAY  
City-St-Zip: MELBOURNE, FL 32940

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: BROOKER, W. KEITH  
Address: 5773 NEWBURY CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: VPS (X) Change ( ) Addition  
Name: BROOKER, CYNTHIA L  
Address: 5773 NEWBURY CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. KEITH BROOKER

VP

03/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date