


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P9600007.1679**  
 1. Entity Name  
**PESTEC PEST CONTROL, INC.**



Principal Place of Business      Mailing Address  
**8132 BLAIKIE COURT**      **8132 BLAIKIE COURT**  
**SARASOTA FL 34240**      **SARASOTA FL 34240**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number **65-0694682**      Applied For  
 Not Applied

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	
<b>KARA, SUSAN</b> <b>8132 BLAIKIE COURT</b> <b>SARASOTA FL 34240</b>		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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May P Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARA, SUSAN 8132 BLAIKIE COURT SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add  U000000011634 01/23/04-80046-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KARA, ROBERT L. 8132 BLAIKIE COURT SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** *Susan Kara*      **SUSAN KARA**      1/21/04      941-378-8881  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #