

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015271

FILED
Jun 30, 2004
Secretary of State

Entity Name: MARCO ISLAND PEST CONTROL OF COLLIER COUNTY, INC.

Current Principal Place of Business:

557 ELKCAM CV E
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P O BOX 2563
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 59-3433857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLNAP, JOHN K
1770 HUMMINGBIRD CT
MARCO ISLAND, FL 34145 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLNAP, JOHN K
Address: 1770 HUMMINGBIRD CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: KOVALCIN, JOSEPH C
Address: 912 AUGUSTA
City-St-Zip: NAPLES, FL 34113

Title: STD () Delete
Name: BELLNAP, MARY K
Address: 1770 HUMMINGBIRD CT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN K. BELLNAP

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date