2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90236 005 ***150.00

DOCUMENT # P97000020752

1. Entity Name
ROSADO'S TERMITE & PEST CONTROL, INC.

Principal Place of Business	Mailing Address
18229 CAMELLIA ST FT MYERS, FL 33912	18229 CAMELLIA ST FT MYERS, FL 33912

02182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8192 College Parkway	8192 College Parkway
Suite, Apt. #, etc. 47	Suite, Apt. #, etc. 47
City & State Fort Myers	City & State Fort Myres
Zip 33919 Country Lee	Zip 33919 Country Lee

4. FEI Number 65-0742294 ☐ 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
ROSADO, RAPHAEL 18229 CAMELLIA ST FT MYERS, FL 33912	Name Rosado, Raphael Street Address (P.O. Box Number is Not Acceptable) 8192 College Parkway, suite 47 City Fort Myers FL Zip Code 33919

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSADO, RAPHAEL 18229 CAMELLIA ST FT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raphael Rosado 4/27/04 239-267-5714
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #