

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90202 023 \*\*\*550.00

**DOCUMENT # P97000033181**

1. Entity Name

**AFFORDABLE PEST CONTROL, INC.**



Principal Place of Business

1071 NW 75 AVE.  
PLANTATION, FL 33313

Mailing Address

1071 NW 75 AVE.  
PLANTATION, FL 33313

64074037



05032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0760023

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DROLESKI, LAURA  
1071 NW 75TH AVE  
PLANTATION, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DROLESKI, LAURA  
STREET ADDRESS 1071 NW 75 AVE.  
CITY-ST-ZIP PLANTATION, FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Laura Droleski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04 954-316-6760  
Date Daytime Phone #