


2004 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P97000036896		
1. Entity Name INNOVATIVE PEST CONTROL, INC.		

Principal Place of Business 2204 NE 10TH AVE. CAPE CORAL, FL 33909	Mailing Address 2204 NE 10TH AVE. CAPE CORAL, FL 33909
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
RENFRO, RALPH JR. 2204 NE 10TH AVE. CAPE CORAL, FL 33909	

FILED
04 OCT 25 PM 5: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0745627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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: <i>X</i> <i>Ralph Renfro</i>	DATE: 10-21-04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFRO, RALPH JR. 2204 NE 10TH AVE. CAPE CORAL, FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042160354 10/25/04--01070--010 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>X</i> <i>Ralph Renfro</i>	DATE: 10-21-04 DAYTIME PHONE: 239-573-1577

10/25/04
aw