2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 17, 2004 8:00 am Secretary of State

DOCUMENT # P97000042565 1. Entity Name EMERGENCY PEST PATROL, INC.				04-27-2004 90059 041 ***150.00
EMERGE	NCY PEST PATROL, INC.			9
Principal Place	e of Business	Mailing Address		7
14805 N FLORIDA AVE PO BOX 82577			٠,	00100106
STE A TAMPA FL 33682 TAMPA FL 33613				66422428
US				. Conferent for Cold board of the Cold cold board of the Cold boar
		3. Mailing Address	y 1,50	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State	e 	City & State		4. FEI Number 59-3446214 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered Agent
AMI	ERILAWYER CHARTERED	ينها الحرارج بعد بيناني 💎 دي 🤊 دي 🕝		SON & MILLS PA
343	ALMERIA AVENUE	· ,	- Street Addres	SS(P.O. Bownlumber is Not (Inceptable) HMI Sr W STE 100
COF	RAL GABLES FL 33134			MILLS
!			City TAMP	FL 33606
8. The above	named entity submits this statement	for the purpose of changing its		stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.	~ 0		T.12-011
SIGNATURE.	/ reb)."	10/2		5-13-04
	Signature, typici or printed name of regulation agen	st and wile if applicable. (NO)	E: Régistered Agent signéture req	ured wher (ensisting) DATE
Afte	TLE NOW!!! FEE IS \$150.00 r.May 1, 2004 Fee will be \$550.00 k Payable to Florida Department			Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	aver in the Lands a	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
mue	PSTD	☐ Delete	MILE	☐ Change ☐ Addition
NAME STREET ADDRESS	RUDOLPH, CURTIS L 14907 NORTHWOOD VILLAGE L	ANG	MAME	·
CITY-ST-ZIP	TAMPA FL 33613	ANE	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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-KAME		☐ Delete	NAME:	Change Addition
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- CITY-51-22			CITY-ST-ZIP	
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CITY-ST-ZIP			CiTY-ST-ZIP	<u> </u>
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NAME STREET ADDRESS			NAME STREET ADORESS	
CITY-ST-ZIP		· ·	CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS	1 .		STREET ADDRESS	;
CITY-ST-ZIP	godifi, the tibe in the side of the side o	sh at to fitting the same	CITY-ST-ZIP	0.000
indicated of the column changed	cerury that the information supplied with a found in a supplied with a found that report or supplimental leport roration or the receiver or substances in a stackment with an address in the substances.	In this filing does not qualify for is flue and accurate and that porfered to execute this report the all other like empowered	or the exemption stated in my signature shall have to t as required by Chapter d.	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
1	() () ()	//		4/24/04 (813)908-1911
SIGNAT	UHE:	<i>I</i>	·	4124104 (81)/900-1711