2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P97000073786

Entity Name: MARSHALL PEST CONTROL OF SW FL, INC.

Current Principal Place of Business:

142 MADISON DRIVE
NAPLES, FL 34110

New Principal Place of Business:

511 27TH STREET NW
NAPLES, FL 34120

Current Mailing Address:

142 MADISON DRIVE
NAPLES, FL 34110

New Mailing Address:

511 27TH STREET NW
NAPLES, FL 34120

FEI Number: 59-3469867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIALDO, SUSAN E.
142 MADISON DR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

SCIALDO, SUSAN E
142 MADISON DR
NAPLES, FL 34110 US

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: SUSAN E. SCIALDO 04/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCIALDO, SUSAN E
Address: 142 MADISON DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VSTD ( ) Delete
Name: SCIALDO, MARSHALL A
Address: 142 MADISON DRIVE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCIALDO, SUSAN E
Address: 511 27TH STREET NW
City-St-Zip: NAPLES, FL 34120

Title: VSTD (X) Change ( ) Addition
Name: SCIALDO, MARSHALL A
Address: 511 27TH STREET NW
City-St-Zip: NAPLES, FL 34120

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: SUSAN E. SCIALDO P 04/27/2004
Electronic Signature of Signing Officer or Director Date