

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083343

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: R & S PEST CONTROL, INC.

**Current Principal Place of Business:**

181 WILLOW AVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

181 WILLOW AVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3477331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SROFE, RANDOLPH H  
181 WILLOW AVE  
ALTAMONTE SPRINGS, FL 32714

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SROFE, SHIRLEY TERESA  
Address: 181 WILLOW AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete  
Name: SROFE, RANDOLPH H  
Address: 181 WILLOW AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: SROFE, ALAN H  
Address: 151 PORTSTEWART DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ROSE, TOMMY R  
Address: 1119 16TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

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: ALAN H. SROFE

VP

04/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date