

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096961

FILED
Apr 30, 2004
Secretary of State

Entity Name: BLUE RIBBON PEST SERVICES, INC.

Current Principal Place of Business:

3780 KORI ROAD
#136
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

12735 AGATITE RD.
JACKSONVILLE, FL 32258 US

Current Mailing Address:

P O BOX 57923
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3479534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGERTON, EVERETT W III
12735 AGATITE ROAD
JACKSONVILLE, FL 32258

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: PTD () Delete
Name: EDGERTON, EVERETT W III
Address: 12735 AGATITE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: SVD () Delete
Name: EDGERTON, MARSANE F
Address: 12735 AGATITE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EVERETT W. EDGERTON III

PTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date