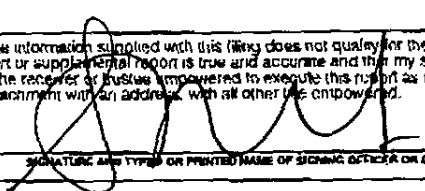


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000085534		
1. Entity Name PIERCE PEST CONTROL, INC.		
Principal Place of Business 10835 SW 89 STREET MIAMI, FL 33176		Mailing Address 10835 SW 89 STREET MIAMI, FL 33176
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0870369		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CALLAHAN, J.R. 249 WESTWARD DRIVE MIAMI SPRINGS, FL 33166		
DO NOT WRITE IN THIS SPACE		
7. 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 _____ Signature typed or printed name of registered agent and a third backside (NOT E-Registered Agent Signature required when filing online)		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution ☐
		\$5.00 May Be Added to Fees 1000009147570 5/3/2004-20111-C12 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, MARVIN 10835 SW 89 STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, STEVE 10310 SW 136TH CT MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERCE, MARY SUSAN 10835 SW 89 STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, TAMRA LYNN 10310 SW 136 CT. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(x), 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 officers empowered.		
SIGNATURE:  Steve Martin 4/28/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		