FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000085534

1. Entity Name
PIERCE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
10835 SW 89 STREET MIAMI, FL 33176	10835 SW 89 STREET MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

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

8. 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 title if applicable (NOTE: Registered Agent signature required when changing) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000001475770
04-80111-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PIERCE, MARVIN
STREET ADDRESS	10835 SW 89 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PD
NAME	MARTIN, STEVE
STREET ADDRESS	10310 SW 136TH CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	PIERCE, MARY SUSAN
STREET ADDRESS	10835 SW 89 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD
NAME	MARTIN, TAMRA LYNN
STREET ADDRESS	10310 SW 136 CT.
CITY-ST-ZIP	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(3)(i), 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 like empowered.

SIGNATURE: Stue Martin 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date