

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90012 004 \*\*\*150.00

<b>DOCUMENT # P99000035089</b> 1. Entity Name WELLINGTON PREMIER EXTERMINATING, INC.			
Principal Place of Business 5676 DAPHNE DRIVE WEST PALM BEACH, FL 33415		Mailing Address 5676 DAPHNE DRIVE WEST PALM BEACH, FL 33415	
2. Principal Place of Business 12181 Sugar Pine Trail Suite, Apt. #, etc.		3. Mailing Address 12181 Sugar Pine Trail Suite, Apt. #, etc.	
City & State Wellington FL Zip 33414 Country Palm Beach		City & State Wellington FL Zip 33414 Country Palm Beach	
4. FEI Number 65-0921003		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MORRIS, SCOTT E 5676 DAPHNE DRIVE WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name: Morris Scott E Street Address (P.O. Box Number is Not Acceptable): 12181 Sugar Pine Trail City: Wellington FL Zip Code: 33414	
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: <u>Scott E Morris</u> DATE: <u>2/3/04</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MORRIS, SCOTT E STREET ADDRESS: 5676 DAPHNE DRIVE CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 12181 Sugar Pine Trail STREET ADDRESS: Wellington, FL 33414 CITY-ST-ZIP:	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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: <u>Scott E Morris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/3/04</u> Daytime Phone #	

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02042004 Chg-P CR2E034 (10/03)