

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/30

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90310 047 \*\*\*155.00

DOCUMENT # P99000042268

1. Entity Name

VAL'S PEST CONTROL, INC.



Principal Place of Business

2722 W. ATLANTIC BLVD.  
SUITE 14  
POMPANO BEACH FL 33069

Mailing Address

2722 W. ATLANTIC BLVD.  
SUITE 14  
POMPANO BEACH FL 33069

66424262



MOORE CR2E034 (11/03)

2. Principal Place of Business

2770 S.W. 2nd. St.  
Suite, Apt. #, etc.

3. Mailing Address

2770 S.W. 2nd. St.  
Suite, Apt. #, etc.

4. FEI Number 65-0915824

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

FT. LAUDERDALE FL.

Zip Country  
33312 U.S.A.

City & State

FT. LAUDERDALE FL.

Zip Country  
33312 U.S.A.

6. Name and Address of Current Registered Agent

NARINE, VALENTINE  
2400 W BROWARD BLVD #606  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name NARINE, VALENTINE I.

Street Address (P.O. Box Number is Not Acceptable)

3451 N.W. 43 PL

City LAUDERDALE LAKES FL Zip Code 33309

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 *Valentine I. Narine*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 27-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME AMMONS, DAVID  
STREET ADDRESS 7865 HAMPTON BLVD., APT 7865  
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME NARINE VALENTINE I.  
STREET ADDRESS 3451 NW 43 PL  
CITY-ST-ZIP LAUDERDALE LKS. FL. 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Valentine I. Narine* VALENTINE I. NARINE 0427.04 954-316-3979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #