

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000088659  
 1. Entity Name  
 U.S. PEST CONTROL, INC.



Principal Place of Business      Mailing Address  
 1500 NW 3RD ST, #106      1500 NW 3RD ST, #106  
 DEERFIELD BEACH, FL 33442      DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



02182004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0952946      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CALANDRINO, RICHARD  
 6975 GRAPEVIEW BLVD  
 LOXAHATCHEE, FL 33470

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000077845  
 03/08/04-88883-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALANDRINO, RICHARD 6975 GRAPVIEW BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALANDRINO, DEBRA 6975 GRAPVIEW BLVD LOXAHATCHEE, FL 33470
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Debra Calandrino*      Date: 2/29/04      Daytime Phone #: 954-784-9900