


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90103 037 \*\*\*150.00

<b>DOCUMENT # S02473</b>	
1. Entity Name <b>FREDERICK PEST ELIMINATION, INC.</b>	

Principal Place of Business <b>6002 RED PLUM CT TAMARAC FL 33321 US</b>	Mailing Address <b>6002 RED PLUM CT TAMARAC FL 33321 US</b>
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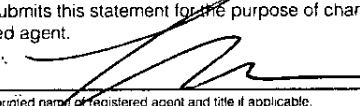
2. Principal Place of Business <b>9315 NW First St</b>	3. Mailing Address <b>9315 NW First St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Springs FL</b>	City & State <b>Coral Springs Florida</b>
Zip <b>33071</b>	Country <b>Broward</b>
Zip <b>33071</b>	Country <b>Broward</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>FALLICK, MICHAEL 6002 RED PLUM CT TAMARAC FL 33321</b>	
7. Name and Address of New Registered Agent Name <b>Larry Frederick</b> Street Address (P.O. Box Number is Not Acceptable) <b>9315 NW First St C.</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33071</b>	

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 <b>4/16/2004</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FALLICK, MICHAEL</b>		NAME <b>FALLICK Michael</b>	
STREET ADDRESS <b>6002 RED PLUM CT</b>		STREET ADDRESS <b>345 Royal Cove Circle Davie FL 33325</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP <b>DAVIE FL 33325</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMIREZ, BRENDA</b>		NAME <b>BRENDA RAMIREZ</b>	
STREET ADDRESS <b>6002 RED PLUM CT</b>		STREET ADDRESS <b>345 Royal Cove Circle</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP <b>DAVIE FL 33325</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FREDERICK, LARRY</b>		NAME	
STREET ADDRESS <b>9315 NW FIRST ST.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL 33071</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-2004**

Date

**954-270-6065**

Daytime Phone #