

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90049 044 ***150.00

DOCUMENT # S25234



1. Entity Name

AMERICAN PROFESSIONAL PEST CONTROL SERVICES, INC.

Principal Place of Business

333 N FALKENBURG
 C308
 TAMPA FL 33619
 US

Mailing Address

1650 47TH AVE N
 ST PETERSBURG FL 33714

2. Principal Place of Business

702 N. Enterprise St.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

4. FEI Number

MOORE CR2E034 (11/03)

59 3043996
 NOT APPLICABLE

Applied For

Not Applicable

Zip

33563

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUDY & ASSOCIATES, INC.
 4100 W. KENNEDY BLVD, SUITE 130
 TAMPA FL 33609

Name

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

City

FL

Zip Code

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

Dorise Drudy

2-11-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	HATLEY, CHARLES R
STREET ADDRESS	1650 47TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	ST <input type="checkbox"/> Delete
NAME	HATLEY, LINDA A
STREET ADDRESS	1650 47TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X *Charles R. Hatley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

8136519190

Daytime Phone #