



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State


02-09-2004 90031 043 ***150.00

DOCUMENT # S28399 1. Entity Name SANTA ROSA PEST CONTROL, INC.					
Principal Place of Business 119 ERUDITION AVE. MILTON, FL 32583			Mailing Address 119 ERUDITION AVE MILTON, FL 32583 US		
2. Principal Place of Business 7759 ERUDITION AVE. Suite, Apt. #, etc.		3. Mailing Address 7759 ERUDITION AVE. Suite, Apt. #, etc.			
City & State MILTON, FL		City & State MILTON, FL		4. FEI Number 59-3055689	
Zip 32583		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75, Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, KENNETH E. 119 ERUDITION AVE. MILTON, FL 32583			7. Name and Address of New Registered Agent Name KENNETH E. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 7759 ERUDITION AVE. MILTON FL 32583		
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 <i>Kenneth E. Williams</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Kenneth Williams</i> (NOTE: Registered Agent signature required when reinstating)		<i>2-6-04</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, SHIRLEY 119 ERUDITION AVE MILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIRLEY WILLIAMS 7759 ERUDITION AVE. MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Shirley Williams</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SHIRLEY WILLIAMS		<i>2-6-04 858-626-8373</i> Date Daytime Phone #	

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Attachment

44008608

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Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MILTON, FL.		City & State MILTON, FL.	
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SIGNATURE: <u>Shirley Williams</u> SHIRLEY WILLIAMS 2-6-04 850-616-8373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			