


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S53452</b> 1. Entity Name <b>PENTZ PEST CONTROL, INC.</b>	
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Principal Place of Business <b>113 EDDY LANE PORT ORANGE, FL 32129 US</b>	Mailing Address <b>113 EDDY LANE PORT ORANGE, FL 32129 US</b>
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**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3072363</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PENTZ, GREGORY K  
113 EDDY LANE  
PORT ORANGE, FL 32129**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD PENTZ, GREGORY K 113 EDDY LANE PORT ORANGE, FL 32129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD PENTZ, AUDREY L 113 EDDY LANE PORT ORANGE, FL 32129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/23/04-80153-023 150.00

**DO NOT WRITE  
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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: Audrey L. Pentz Feb. 19, 2004 386-760-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #