7/6/2004-90115-014-$150.00-$150.00

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04 JUL 27 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR STATE 44047086

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V22656

1. Entity Name
PERSONAL TOUCH PEST CONTROL, INC.

Principal Place of Business	Mailing Address
~~6032 - 105 AVE. N~~	~~6032 - 105 AVE. N~~
~~PINELLAS PARK, FL 33782~~ US	~~PINELLAS PARK, FL 33782~~ US

2. Principal Place of Business	3. Mailing Address
2032 46 Ave. No.	SAME
Suite, Apt. #, etc. ST. PETERSBURG	Suite, Apt. #, etc.
City & State FL	City & State
Zip 33714 Country	Zip Country

06232004 Chg-P CR2E034 (10/03)

4. FEI Number ~~65-0324043~~ 650324143 ☐ Applied For ☐ Not Applicable

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
~~PINKERTON, SIBYL W~~	Name ROBERT W. PINKERTON
~~6032 - 105 AVE. N.~~	Street Address (P.O. Box Number is Not Acceptable) 2032 46 Ave. No.
~~PINELLAS PARK, FL 33782~~	City ST. PETERSBURG, FL Zip Code 33714

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.

X SIGNATURE Robert W. Pinkerton July 3, 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 $550.00
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P / ~~PINKERTON, SIBYL W~~ / ~~6032 - 105 AVE., N.~~ / ~~PINELLAS PARK, FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / ROBERT W. PINKERTON / 2032 46 AVE. No. / ST. PETERSBURG, FL. 33714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

X SIGNATURE: Robert W. Pinkerton ROBERT W. PINKERTON July 3, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #