2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
04 JUN 23 AM 10: 10

4/13/04 90007 009 #158.75

DOCUMENT # V58572

1. Entity Name
MASTERKILL PEST CONTROL INC.

Principal Place of Business	Mailing Address
1203 PEAVY RD. JACKSONVILLE FL 32254 US	1203 PEAVY RD. JACKSONVILLE FL 32254 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3166012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENDER, ROGER
2234 FOURAKER ROAD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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 ________
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	☐ Delete
NAME	FENDER, ROGER	
STREET ADDRESS	2234 FOURAKER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VP	☐ Delete
NAME	FENDER, CHRISTINE	
STREET ADDRESS	2234 FOURAKER RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	☐ Delete
NAME	ANDRE, MARCELLA	
STREET ADDRESS	2122 BURPEE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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: Roger Fender