## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

an address, with all other like empowered

DAVID WAREING

## **Secretary of State DOCUMENT #F06000004285** 07-30-2007 90063 006 \*\*\*550.00 J.C. EHRLICH CO., INC. Mailing Address Principal Place of Business 40171000 500 SPRING RIDGE DR 500 SPRING RIDGE DR WYOMISSING, PA 19610 WYOMISSING, PA 19610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 23-1568350 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESSEK, PAUL A Street Address (P.O. Box Number is Not Acceptable) J. C. EHRLICH CO., INC./RENTOKIL 1701 NORTH 20TH STREET, SUITE B TAMPA, FL 33605-5301 City Zip Code FL 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HAMMEL, VICTOR NAME NAME 500 SPRING RIDGE DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP READING, PA 19612 WYDMKSING PA 19610 TITLE D Delete TITLE ☐ Change ★ Addition BAVID WARRING 500 SPRING RIDGE DR WARD, KEVIN NAME NAME STREET ADDRESS 500 SPRING RIDGE DR STREET ADDRESS WYOMISSING PA 19610 READING, PA 19612 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITI F Delete ☐ Addition TERCHA, JOHN NAME NAME 500 SPRING RIDGE DR STREET ADDRESS STREET ADDRESS READING, PA 19612 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HAMMEL, ROBERT NAME NAME 500 SPRING RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP READING, PA 19612 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition MYER, ROBERT NAME NAME STREET ADDRESS 500 SPRING RIDGE DR STREET ADDRESS CITY-ST-ZIP READING, PA 19612 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. 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

FILED Jul 30, 2007 8:00 am

610-372-9700