


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90060 032 \*\*\*150.00

<b>DOCUMENT # S38771</b> 1. Entity Name <b>BRUCE PEST CONTROL, INC.</b>					
Principal Place of Business <b>1207 BAKER DR LAKELAND, FL 33810</b>			Mailing Address <b>1207 BAKER DR LAKELAND, FL 33810</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3056520</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOLDORFF, BRUCE</b> <del>218 BAYBERRY DR</del> <b>1954 VIEWPOINT LANDINGS RD</b> <del>POLK CITY, FL 33868</del> <b>LAKELAND, FL 33810</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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: <u><b>PATTE HOLDORFF or PATRICIA C. HOLDORFF</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOLDORFF, PATTE</b> <b>218 BAYBERRY DR.</b> <b>POLK CITY, FL 33868</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PATTE HOLDORFF</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1954 VIEWPOINT LANDINGS RD</b> <b>LAKELAND, FL 33810</b>	
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12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><b>Patte Holdorff or Patricia C. Holdorff</b></u> <b>3/30/07 (863) 858-7410</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40040430



03302007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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