

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S38771**

1. Entity Name  
**BRUCE PEST CONTROL, INC.**



Principal Place of Business  
**1207 BAKER DR  
LAKELAND, FL 33810**

Mailing Address  
**1207 BAKER DR  
LAKELAND, FL 33810**



05192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3056520**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOLDORFF, BRUCE  
1954 VIEWPOINT LANDING RD  
LAKELAND, FL 33810**

**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 *Patte Noed orff* **V.P.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*May 19, 2008*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLDORFF, PATTE 1959 VIEWPOINT LANDINGS RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDORFF, BRUCE 1959 VIEWPOINT LANDINGS RD LAKELAND, FL 33810
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000000952071  
06/04/08-80066-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *Patte Noed orff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/19/2008* (863)858-7410  
Date Daytime Phone #