

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583797

FILED
Jan 11, 2008
Secretary of State

Entity Name: CRENSHAW TERMITE AND PEST CONTROL, INC.

Current Principal Place of Business:

7025 JEFFERSON ST.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

7025 JEFFERSON ST.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1873608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRENSHAW, JONATHAN T
620 CRENSHAW LAKE RD
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CRENSHAW, JONATHAN T, HOMAS
Address: 620 CRENSHAW LAKE RD
City-St-Zip: LUTZ, FL 33548

Title: VTD () Delete
Name: CRENSHAW, DAVID BETH, EL
Address: 17915 DOGWOOD DRIVE
City-St-Zip: LUTZ, FL 33548

Title: VD () Delete
Name: CRENSHAW, MARK LEE,
Address: 18332 GREENSBORO
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: KORJACK, ALICE ELIZA, BETH ANN
Address: 11031 MARTHA AVE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN T CRENSHAW

PSD

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date