

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 615002

1. Entity Name

BEST TERMITE AND PEST CONTROL, INC.



Principal Place of Business
**8120 N ARMENIA AVE
TAMPA FL 33604**

Mailing Address
**8120 N ARMENIA AVE
TAMPA FL 33604**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **59-1913766**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONGIOVI, FERNANDO A
8120 N ARMENIA AVE
TAMPA FL 33604**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
MONGIOVI, NANCY J
7011 PELICAN ISLAND DR
TAMPA FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
MONGIOVI, FERNANDO A
7011 PELICAN ISLAND DR.
TAMPA FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VPD
MONGIOVI, RICHARD W.
2715 W. WOODLAWN AVENUE
TAMPA FL 33607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
MONGIOVI, FERNANDO O.
3102 SAN PEDRO
TAMPA FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HERCE, ERNEST L JR
2724 NORTH POPLAR
TAMPA FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
**U00000622598
02/13/07-80032-009 150.00**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nancy J. Mongiovi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

813 935-0998

Date

Daytime Phone