2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# 615002

Entity Name: BEST TERMITE AND PEST CONTROL, INC.

Current Principal Place of Business:

8120 N ARMENIA AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8120 N ARMENIA AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-1913766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONGIOVI, FERNANDO A
8120 N ARMENIA AVE
TAMPA, FL 33604 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:	STD	( ) Delete
Name:	MONGIOVI, NANCY J,	
Address:	7011 PELICAN ISLAND DR	
City-St-Zip:	TAMPA, FL 33634	
Title:	PD	( ) Delete
Name:	MONGIOVI, FERNANDO A,	
Address:	7011 PELICAN ISLAND DR.	
City-St-Zip:	TAMPA, FL 33634	
Title:	VPD	( ) Delete
Name:	MONGIOVI, RICHARD W.,	
Address:	2715 W. WOODLAWN AVENUE	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	MONGIOVI, FERNANDO O, .	
Address:	3102 SAN PEDRO	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	HERCE, ERNEST L JR	
Address:	2724 NORTH POPLAR	
City-St-Zip:	TAMPA, FL 33602	

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:	D	(X) Change ( ) Addition
Name:	MONGIOVI, FERNANDO O, .	
Address:	8120 N. ARMENIA AVE	
City-St-Zip:	TAMPA, FL 33604	
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: FERNANDO A. MONGIOVI PD 01/31/2008
Electronic Signature of Signing Officer or Director Date