

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 039 ***150.00

DOCUMENT # G06049

1. Entity Name

T & T TERMITE & PEST CONTROL, INC.



Principal Place of Business

152 - 8TH AVE SW
STE B
LARGO FL 33770
US

Mailing Address

152 - 8TH AVE SW
STE B
LARGO FL 33770
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-2238947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLE, LOREN P
2609 10TH AVENUE S.W.
LARGO FL 33770

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, LOREN P	
STREET ADDRESS	2609 10TH AVENUE SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLE, DEBORAH	
STREET ADDRESS	2609 10TH AVENUE S.W.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOREN P. Cole

7/14/05

727/585-3980

Date

Daytime Phone #

ATTACHMENT

~~50056112~~
606049

7-15-05

To Whom It May Concern,

We did not receive a notice in Jan 2005. The only notice we received was in June 2005. If you look at our past 20 years we have always paid on time.

We would appreciate all notices mailed to us, due to; we have no access to download any forms.

Sincerely,
Laura Spagnolo
Office Manager
727-584-3031