


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # J89037 1. Entity Name EAGLE TERMITE AND PEST CONTROL, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 2770 SUMMERDALE DR CLEARWATER FL 33761 US | Mailing Address 2770 SUMMERDALE DR CLEARWATER FL 33761 US |
|--|--|



1st MOORE CR2E034 (10/06)

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4...FEI Number 59-2886060 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent PALUMBO, RICHARD A. 2980 KENSINGTON TRACE TARPON SPRINGS FL 34688 | 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 _____ (NOTE: Registered Agent signature required when transferring) _____ 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DPV PALUMBO, RICHARD A. 2980 KENSINGTON TRACE TARPON SPRINGS FL 34688 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete U00000694897 04/17/07-80038-018 150.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V PALUMBO, KATHY A 2980 KENSINGTON TRACE TARPON SPRINGS FL 34688 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TSM BALDWIN, DEBRA K. 884 FRANKLIN CIRCLE PALM HARBOR FL 34683 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T PALUMBO, MARISA A 2980 KENSINGTON TRACE TARPON SPRINGS FL 34688 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S PALUMBO, NICCI C 2980 KENSINGTON TRACE TARPON SPRINGS FL 34688 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Palumbo 4/5/07 727-796-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #