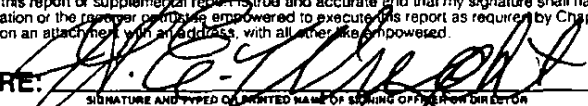


FILED
Apr 05, 2007 8:00 am
Secretary of State

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03-23-2007 90025 043 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K88720			
1. Entity Name HERMAN'S TERMITE & PEST CONTROL, INC.			
Principal Place of Business P O BOX 1106 LAKE ALFRED, FL 33850		Mailing Address P O BOX 1106 LAKE ALFRED FL 33850	
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 59-2945780		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES E WRIGHT 8249 LAKE LOWERY ROAD HAINES CITY FL, FL 33844		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8244 Lake Lowery Road 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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VD WRIGHT, HERMAN E. 8249 LAKE LOWERY RD HAINES CITY FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8249 LAKE LOWERY RD HAINES CITY, FL 33844 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, JAMES E. RT 2 BOX 235 HAINES CITY FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8244 Lake Lowery Road HAINES CITY FL 33844 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, PATRICIA 8249 LAKE LOWERY RD. HAINES CITY FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8249 LAKE LOWERY RD HAINES CITY, FL 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, JOY K. RT 2 BOX 235 HAINES CITY FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8244 Lake Lowery Road HAINES CITY FL 33844 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registered person 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: 		Date: 3/12/07	