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Apr 05, 2007 8:00 am
Secretary of State
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	Mailing Address
P O BOX 1106 LAKE ALFRED, FL 33850	P O BOX 1106 LAKE ALFRED FL. 33850

02282007 Chg-P CR2E034 (12/06)

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 59-2945780 ☐ 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
JAMES E WRIGHT 8249 LAKE LOWERY ROAD HAINES CITY FL, FL 33844	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Change ☒ Addition 8249 LAKE LOWERY Rd HAINES CITY, FL. 33844
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	☒ Change ☐ Addition 8244 Lake Lowery Road HAINES CITY FL 33844
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	☐ Change ☒ Addition 8249 LAKE LOWERY Rd HAINES City FL 33844
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	☒ Change ☐ Addition 8244 Lake Lowery Road HAINES city FL 33844
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 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: J. E. Wright 3/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #