

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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**



03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
8244 LAKE LOWERY ROAD
HAINES CITY FL, FL 33844**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000875513
04/11/08-80035-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WRIGHT, HERMAN E.
STREET ADDRESS	8249 LAKE LOWERY RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	PD
NAME	WRIGHT, JAMES E.
STREET ADDRESS	8244 LAKE LOWERY ROAD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	TD
NAME	WRIGHT, PATRICIA
STREET ADDRESS	8249 LAKE LOWERY RD.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	SD
NAME	WRIGHT, JOY K.
STREET ADDRESS	8244 LAKE LOWERY ROAD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #