

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88720

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: HERMAN'S TERMITE & PEST CONTROL, INC.

## Current Principal Place of Business:

P O BOX 1106  
LAKE ALFRED, FL 33850

## New Principal Place of Business:

8244 LAKE LOWERY RD.  
HAINES CITY, FL 33844

## Current Mailing Address:

P O BOX 1106  
LAKE ALFRED FL, 33850

## New Mailing Address:

P O BOX 1106  
LAKE ALFRED, FL 33850

FEI Number: 59-2945780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES E WRIGHT  
8244 LAKE LOWERY ROAD  
HAINES CITY FL, FL 33844 US

## Name and Address of New Registered Agent:

JAMES E WRIGHT  
8244 LAKE LOWERY ROAD  
HAINES CITY, FL 33844 US

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.

SIGNATURE:

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: WRIGHT, HERMAN E.,  
Address: 8249 LAKE LOWERY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: PD ( ) Delete  
Name: WRIGHT, JAMES E.,  
Address: 8244 LAKE LOWERY ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: TD (X) Delete  
Name: WRIGHT, PATRICIA,  
Address: 8249 LAKE LOWERY RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: SD (X) Delete  
Name: WRIGHT, JOY K.,  
Address: 8244 LAKE LOWERY ROAD  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WRIGHT, JAMESE.,  
Address: 8244 LAKE LOWERY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: VD (X) Change ( ) Addition  
Name: WRIGHT, JOY K,  
Address: 8244 LAKE LOWERY ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E WRIGHT

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date