

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K88720

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8244 LAKE LOWERY RD.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1106  
LAKE ALFRED, FL 33850

**New Mailing Address:**

**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 33844 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WRIGHT, JAMES E.  
**Address:** 8244 LAKE LOWERY RD  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** SEC  
**Name:** WRIGHT, JOY K  
**Address:** 8244 LAKE LOWERY ROAD  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** VP  
**Name:** WRIGHT, JUSTIN B.  
**Address:** 3 JIMMY LEE RD.  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES E. WRIGHT

PD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date