


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000017267

1. Entity Name
AAA TERMITE & PEST CONTROL, INC.



Principal Place of Business Mailing Address

**601 W DETROIT BLVD
PENSACOLA FL 32534** **601 W DETROIT BLVD
PENSACOLA FL 32534**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3637299 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, PATRICIA W
601 W DETROIT BLVD
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	ADAMS, PATRICIA W	
STREET ADDRESS	601 W DETROIT BV	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VP	
NAME	ADAMS, BRYAN F	
STREET ADDRESS	601 W DETROIT BV	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000828946
02/26/08-80022-008-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia Adams Patricia Adams 2-13-08 850 3842933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #