


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000035503 1. Entity Name SUNCOAST PEST & TERMITE CONTROL, INC.	
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Principal Place of Business 16880 GATOR ROAD SUITE 113 FORT MYERS, FL 33912	Mailing Address 8001 CAUSEWAY BLVD N SAINT PETERSBURG, FL 33707
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DO NOT WRITE IN THIS SPACE



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0997143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, THOMAS JOHN
8001 CAUSEWAY BLVD N
SAINT PETERSBURG, FL 33707**

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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 _____ (NOTE: Registered Agent signature required when reattesting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000475021 04/04/06-80047-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, THOMAS J 8001 CAUSEWAY BLVD N SAINT PETERSBURG, FL 33707
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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 # _____