2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000035503

Entity Name

SUNCOAST, PEST & TERMITE CONTROL, INC.

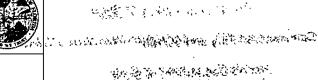


Principal Place of Business

Mailing Address

16880 GATOR ROAD SUITE 113 8001 CAUSEWAY BLVD N SAINT PETERSBURG, FL 33707

FORT MYERS, Ft. 33912





DO NOT WRITE IN THIS SPACE

No Chg-P CR2E

4. FEI Number 65-0997143

03302008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

Apr 03, 2008 08:00 AN

Secretary of State

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its register	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Registere	od Agent signature required when reinstating)	, DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution,		//00000879497 04/15/08-80022-025 150.00		
10.	OFFICERS AND DIREC	TORS	1 1 1 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, THOMAS J 8001 CAUSEWAY BLVD N SAINT PETERSBURG, FL 33707					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	OO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN IN	IN THIS SPACE		
NAME SIREET ADDRESS CITY-S1-ZIP						

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:

NAME
STREET ADDRESS
CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #