


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90017 040 \*\*\*158.75

**DOCUMENT # P0000087702**

1. Entity Name  
**COPE PEST CONTROL, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 266**      **P.O. BOX 789**  
**FT. WHITE FL 32038**      **GAINESVILLE FL 32602**

2. Principal Place of Business - No P.O. Box #  
**725. S.W. Newark DR.**

3. Mailing Address  
**P.O. Box 266**

Suite, Apt. #, etc.

City & State  
**Fortwhite Fla.**

City & State  
**Fortwhite, Fla.**

Zip      Country      Zip      Country  
**32038**      **Columbia**      **32038**      **Columbia**

4. FEI Number      Applied For  
**59-3674405**      Not Applicable

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



1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent  
**DANIEL, M. RAYMOND**  
**7 NW 36TH DR.**  
**GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent  
 Name **Lucy J. Sturges**  
 Street Address (P.O. Box Number is Not Acceptable)  
**725. S.W. Newark Drive**  
 City **Fortwhite**      State **FL**      Zip Code **32038**

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 **Lucy J. Sturges / Lucy J. Sturges**      DATE **4/25/08**

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

**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      **\$5.00 May Be**  
 Trust Fund Contribution.       **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STURGES, LUCY	
STREET ADDRESS	7 NW 36TH DR.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, M. RAYMOND	
STREET ADDRESS	7 N.W. 36TH DR.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPE, JAMES L JR	
STREET ADDRESS	7 NW 36TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Lucy J. Sturges**      DATE: **4/25/08 (386) 497-4781**

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