

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067446

FILED
May 07, 2007
Secretary of State

Entity Name: ACCESS TERMITE PEST CONTROL, INC.

Current Principal Place of Business:

4720 SALISBURY RD .
25
JACKSONVILLE, FL 32256

New Principal Place of Business:

4600 TOUCHTON RD
STE 1150
JACKSONVILLE, FL 32246

Current Mailing Address:

4019 CEDAR ISLAND RD. E.
JACKSONVILLE, FL 322502208

New Mailing Address:

FEI Number: 59-3728552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDRIDGE, DAVID T MR
4019 CEDAR ISLAND RD E
JACKSONVILLE BEACH, FL 32250 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ELDRIDGE, DAVID T
Address: P O BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ELDRIDGE, DAVID T
Address: 4019 CEDAR ISLAND RD E
City-St-Zip: JACKSONVILLE, FL 322502208 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID T ELDRIDGE

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date