

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90204 021 \*\*\*150.00

**DOCUMENT # P04000029077**

1. Entity Name  
**ANDERSON PEST & TERMITE SPECIALIST, INC.**



Principal Place of Business  
**21 WEST MAIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

Mailing Address  
**21 WEST MAIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

2. Principal Place of Business - No P.O. Box #  
**1031 US HWY 90 W**

3. Mailing Address  
**P.O. Box 1018**

Suite, Apt. #, etc.  
**STE 4**

Suite, Apt. #, etc.

City & State  
**DEFUNIAK SPRINGS FL**

City & State  
**DEFUNIAK SPRINGS FL**

Zip  
**32433**

Country  
**WALTON**

Zip  
**32433**

Country  
**WALTON**

04292008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-0619946**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HOWELL, JAMES W  
21 WEST MAIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

## 7. Name and Address of New Registered Agent

Name  
**BOBBY L. ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)  
**1031 US HWY 90 W**

**DEFUNIAK SPRINGS FL**

City

FL

Zip Code

**32433**

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 **Bobby Anderson**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-30-08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOWELL, JAMES W  
38 DOGWOOD PLACE  
FREEPORT, FL 32439** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANDERSON, BOBBY G  
159 LAKE CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANDERSON, ANNETTE  
159 LAKE CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Bobby Anderson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-08 860-892-9998**  
Date Daytime Phone #