2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000012677

FILED Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90021 037 ***150.00

1. Entity Nam DOUG TI		ERMITE & PEST	CONTROL , INC.								
Principal Place of Business 2988 WEBLEY DR NE LARGO, FL 33771 Principal Place of Business Address 2988 WEBLEY DR NE LARGO, FL 33771							dilitona				
		ss - No P.O. Box # 550URI AUE	3. Mailing Address	1550	vri ,	PUE					
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				03042008	Chg-P	CR2E	34 (12/06)	
City & State CIENRUATER FL		City & State CIERRWATER.		-6		4. FEI Number 20-4173	922		<u> </u>	oplied For ot Applicable	
Zip 33 75	4	Country	Zip 33756	Cour	ntry			f Status Desired		\$8.75 Add	ditional
	6. Name a	nd Address of Current	Registered Agent				7. Name and A	ddross of New F	Registered .		. · ·
					Name						
	R, DOUG JE BLEY DRIVE FL 33771		Street Address			ddress (F	O.O. Box Number	is Not Acceptable	e)		
			•		City				FL	Zip Cod	le
			r the purpose of changing its	register	l ed office o	r registeri	ed agent, or both	, in the State of Flo		•	and accept
the obligat	tions of register	red agent.									
SIGNATURE.											
	Signature, typed or	printed name of registered agent a	and title if applicable (NOTE	Berustere	ed Anent signat	ne required	when reinstation)		DATE		
	Signature, typed or	printed name of registered agent a	and title if applicable. (NOTE	E. Registere	ed Agent signat	ture required	when reinstating)		DATE		
	E NOW!!!	Printed name of registered agent of FEE IS \$150.00 Fee will be \$550.0	9. Election Campai	ign Fina	ncing _	\$ 5.	00 May Be		DATE		•
	E NOW!!!	FEE IS \$150.00	9. Election Campai Trust Fund Conti	ign Fina	ncing	\$ 5.	00 May Be ed to Fees	HANGES TO OFF		DIRECTOR	S IN 11
After M	E NOW!!!	FEE IS \$150.00 Fee will be \$550.0	9. Election Campai Trust Fund Conti	ign Final	ncing	\$ 5.	00 May Be ed to Fees	HANGES TO OFF		DIRECTOR	S IN 11
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS