2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000056092

1. Entity Name
NATURE COAST TERMITE & PEST CONTROL, INC.

Principal Place of Business	Mailing Address
3105 DALINGTON RD. HOLIDAY, FL 34691	3105 DALINGTON RD. HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

02042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3929924	Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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_____

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

U00000927666
05/20/08-80114-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CASSIDY, KEVIN
STREET ADDRESS	3105 DALINGTON RD.
CITY-ST-ZIP	HOLIDAY, FL 34691

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _Kevin Cassidy_ 4/23/08   727 934-9555

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