

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90011 015 ***158.75

DOCUMENT # P06000109032

1. Entity Name

HUGHES-TERMITES & PESTS CONTROL INC.



Principal Place of Business

12231 BISHOPS FORD DRIVE
TAMPA FL 33626
US

Mailing Address

12231 BISHOPS FORD DRIVE
TAMPA FL 33626
US



2. Principal Place of Business - No P.O. Box #

11928 SHELDON Rd.

Suite, Apt. #, etc.

Suite 111

City & State

TAMPA FL

Zip

33626

Country

US

3. Mailing Address

11928 SHELDON Rd.

Suite, Apt. #, etc.

Suite 111

City & State

TAMPA FL

Zip

33626

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-5412406

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JOHN R
12231 BISHOPS FORD DRIVE
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

JOHN R. HUGHES

Signature, typed or printed name of registered agent and title is acceptable

(NOTE: Registered Agent signature required when installing)

John R. Hughes

01-26-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	P HUGHES, JOHN R 12231 BISHOPS FORD DRIVE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

John R. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-07

DATE

(813) 926-3100

DAYTIME PHONE #