

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150743

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: MIKE NUGENT TERMITE & PEST CONTROL, INC.

**Current Principal Place of Business:**

527 WEST VALLEY DRIVE  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 111855  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 61-1514509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NUGENT, BETSEY  
527 WEST VALLEY DRIVE  
BONITA SPRINGS, FL 34134 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: P D ( ) Delete  
Name: NUGENT, MICHAEL  
Address: 527 WEST VALLEY DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP D ( ) Delete  
Name: CROSSMAN, LAWRENCE  
Address: 1490 GOLDEN GATE BOULEVARD EAST  
City-St-Zip: NAPLES, FL 34120 US

Title: ST D ( ) Delete  
Name: NUGENT, BETSEY  
Address: 527 WEST VALLEY DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BETSEY NUGENT

STD

07/11/2007

Electronic Signature of Signing Officer or Director

Date