

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90270 027 \*\*\*150.00

**DOCUMENT # P93000013231**

**1. Entity Name**  
**FIREMAN TERMITE AND PEST CONTROL OF  
NORTHWEST FLORIDA, INC.**



**Principal Place of Business**

**106 MCCLURE DR.  
GULF BREEZE, FL 32562**

**Mailing Address**

**106 MCCLURE DR.  
GULF BREEZE, FL 32562**

**94076524**



04252004

No Chg-P

CR2E034 (10/03)

**4. FEI Number**  
**59-3168341**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THOMPSON, GAIL  
106 MCCLURE DR.  
GULF BREEZE, FL 32562**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** THOMPSON, GAIL  
**STREET ADDRESS** 115-W S HILG  
**CITY-ST-ZIP** 4453 HARBOR LANE  
GULF BREEZE, FL 32561 PEN, FL 32501

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

**TITLE**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gail Thompson* 4-28-04-850-9329280