

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

04-24-2008 90099 004 ***150.00

DOCUMENT # P93000013231

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



Principal Place of Business
106 MCCLURE DR. 1308 W Gordon
GULF BREEZE, FL 32562
PEN, FL 32501

Mailing Address
P.O. Box 452
106 MCCLURE DR.
GULF BREEZE, FL 32562
Gulf Breeze, FL 32562

66011851



DO NOT WRITE IN THIS SPACE

04032008 No Chg-P- CR2E034 (11/05)

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

GAIL THOMPSON

4/1-08

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMPSON, GAIL
STREET ADDRESS 115-W STRONG
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

GAIL THOMPSON

4/1-08 850-431-8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #