

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042511

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** LAKE AREA TERMITE AND PEST CONTROL, INC.

**Current Principal Place of Business:**

110 NIGHTINGALE STREET  
KEYSTONE, FL 32656 US

**New Principal Place of Business:**

113 MANDARIN LAKE RD  
MELROSE, FL 32666 US

**Current Mailing Address:**

P O BOX 1156  
KEYSTONE, FL 32656 US

**New Mailing Address:**

**FEI Number:** 59-3248342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STRUBE, BRUCE A  
113 MANDARIN LAKE RD  
MELROSE, FL 32666 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: OP ( ) Delete  
Name: STRUBE, BRUCE A  
Address: 113 MANDARIN LAKE RD  
City-St-Zip: MELROSE, FL 32666

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE ASTRUBE

OP

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date