

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000093780**

1. Entity Name  
**REGAL TERMITE AND PEST CONTROL, INC.**



Principal Place of Business  
**924 NE 24TH STREET  
OCALA, FL 34470 US**

Mailing Address  
**924 NE 24TH STREET  
OCALA, FL 34470 US**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3286629**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**RIVERA, ERWIN O  
924 NE 24 TH STREET  
OCALA, FL 34470**

**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, 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 NAME STREET ADDRESS CITY- ST- ZIP	DPST RIVERA, ERWIN O 924 NE 24 TH STREET OCALA, FL 34470
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U00000848291  
03/20/08-80011-023 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08

Date

Daytime Phone #

(352) 427-7005