

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90067 012 \*\*\*150.00

**DOCUMENT # P96000036542**

1. Entity Name

**RANGER TERMITE & PEST CONTROL INC.**



Principal Place of Business

1920 9TH ST N  
STE D  
SAINT PETERSBURG FL 33704

Mailing Address

1920 9TH ST N  
STE D  
SAINT PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-2086195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONALDSON, BRUCE L**  
**3915 17TH STREET, NORTH**  
**ST. PETERSBURG FL 33714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **BUCKLEY, LORI**  
STREET ADDRESS **11601 4TH ST. N.**  
CITY-STATE-ZIP **SAINT PETERSBURG FL 33716**

TITLE **O** ☐ Delete  
NAME **DONALDSON, BRUCE**  
STREET ADDRESS **11601 4 ST N. APT 5105**  
CITY-STATE-ZIP **SAINT PETERSBURG FL 33716**

TITLE **VP** ☐ Delete  
NAME **DONALDSON, PATRICK**  
STREET ADDRESS **11601 4 ST N APT 5105**  
CITY-STATE-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

*Bruce L. Donaldson* **Bruce L. Donaldson**

Date

Daytime Phone #

**2-28-05 727-527-9032**