

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000025230

1. Entity Name

TERM A SECT PEST CONTROL, INC.

Principal Place of Business

12013 ALTOONA AVENUE
HUDSON, FL 34669 US

Mailing Address

12013 ALTOONA AVENUE
HUDSON, FL 34669 US



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3433417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULLARI, III, PETER F
10405 PALMWOOD PLACE
WEEKI WACHEE, FL 34613

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CULLARI, PETER F III
STREET ADDRESS 10405 PALMWOOD PLACE
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE VP
NAME CULLARI, ELAINE
STREET ADDRESS 10405 PALMWOOD PLACE
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE VP
NAME CULLARI, PETER F IV
STREET ADDRESS 10405 PALMWOOD PLACE
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

100000354945
05/03/05-80128-010 150.00

**DO NOT WRITE
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:

Elaine Cullari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE CULLARI 04/28/05 (727) 862-0000

Date

Daytime Phone #