

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048933

FILED
Jan 13, 2005
Secretary of State

Entity Name: DONE-WRIGHT TERMITE & PEST CONTROL, INC.

Current Principal Place of Business:

7610 MATOAKA RD.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

7610 MATOAKA RD.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 65-0838437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, LESLIE R
3151 LOCKWOOD LAKE COURT
SARASOTA, FL 342347992 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: VP () Delete
Name: HACKNEY, VAUGHN M
Address: 1204 VALE AVE.
City-St-Zip: BRADENTON, FL 34207

Title: VP (X) Delete
Name: WRIGHT, ROBERT T
Address: 2832 RIDGE AVE
City-St-Zip: SARASOTA, FL 34234

Title: P () Delete
Name: WRIGHT, LESLIE R
Address: 3151 LOCKWOOD LAKE COURT
City-St-Zip: SARASOTA, FL 342347992

Title: T () Delete
Name: WRIGHT, WILLIAM A
Address: 3151 LOCKWOOD LAKE CT
City-St-Zip: SARASOTA, FL 342347992

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: WILLIAM A WRIGHT

T

01/13/2005

Electronic Signature of Signing Officer or Director

Date