

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90363 020 \*\*\*150.00

DOCUMENT # P98000102831

1. Entity Name  
TERMITE SERVICES, INC.



Principal Place of Business  
8503 FOREST CITY ROAD  
SUITE 200  
ORLANDO, FL 32810

Mailing Address  
2010 N NEBRASKA AVE  
TAMPA, FL 33602

2. Principal Place of Business

2920 S. Orlando Dr

3. Mailing Address

Suite, Apt. #, etc.

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3547412

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOVER, WILLIAM J  
5005 SAN JOSE  
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name

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

2010 N Nebraska Ave

City Tampa

FL

Zip Code 33602

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, 2006 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 STOVER, JON ☐ Delete  
STREET ADDRESS 5005 WEST SAN JOSE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE VP  
NAME DAY, STEVE ☐ Delete  
STREET ADDRESS 3104 THACKERY CT.  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME William J Stover  
STREET ADDRESS 2010 N Nebraska Ave  
CITY-ST-ZIP TAMPA FL 33602

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

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

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

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

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

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:

*William J Stover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

813-490-1094

Date

Daytime Phone #