

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 006 ***150.00

DOCUMENT # S87384

1. Entity Name
TRU-CARE TERMITE & PEST CONTROL, INC.



Principal Place of Business
**14020 PALM BEACH BLVD
FORT MYERS, FL 33905 US**

Mailing Address
**14020 PALM BEACH BLVD
FORT MYERS, FL 33905 US**

50013795



2. Principal Place of Business
3915 Lee Blvd
Suite, Apt. #, etc.

3. Mailing Address
3915 Lee Blvd
Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State
Lehigh Acres FL
Zip **33971** Country **USA**

City & State
Lehigh Acres FL
Zip **33971** Country **USA**

4. FEI Number
65-0285578
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAROTI, SANDRA D
21620 N RIVER RD
ALVA, FL 33920**

7. Name and Address of New Registered Agent

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, 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** ☐ Delete
NAME **MAROTI, EDWARD L. SR.**
STREET ADDRESS **21620 N RIVER ROAD**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE **D** ☐ Delete
NAME **MAROTI, SANDRA D**
STREET ADDRESS **21620 N RIVER RD**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE **D** ☐ Delete
NAME **HALL, C. B**
STREET ADDRESS **1448 ALWYNNE DRIVE NORTH**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

(239) 303-9200

Daytime Phone #