

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S87384
 1. Entity Name
TRU-CARE TERMITE & PEST CONTROL, INC.



Principal Place of Business Mailing Address
 3915 LEE BLVD 3915 LEE BLVD
 LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33971 US

DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0285578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAROTI, SANDRA D
21620 N RIVER RD
ALVA, FL 33920

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

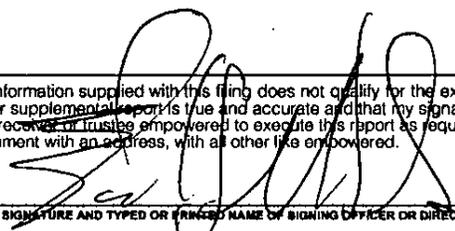
U00000727538
 05/04/07-80053-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAROTI, EDWARD L. SR.
STREET ADDRESS	21620 N RIVER ROAD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	D
NAME	MAROTI, SANDRA D
STREET ADDRESS	21620 N RIVER RD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	D
NAME	HALL, C. B
STREET ADDRESS	1448 ALWYNNE DRIVE NORTH
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ Date _____ Daytime Phone # _____