

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # S87384

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



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

Mailing Address
**3915 LEE BLVD
LEHIGH ACRES, FL 33971 US**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000900015
04/29/08-80013-003 150.00

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 #

4-4-08 239-303-9200