

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87384

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3915 LEE BLVD  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

21620 NORTH RIVER ROAD  
ALVA, FL 33920 US

**Current Mailing Address:**

3915 LEE BLVD  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

21620 NORTH RIVER ROAD  
ALVA, FL 33920 US

**FEI Number:** 65-0285578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAROTI, SANDRA D  
21620 N RIVER RD  
ALVA, FL 33920 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: P ( ) Delete  
Name: MAROTI, EDWARD L. SR.  
Address: 21620 N RIVER ROAD  
City-St-Zip: ALVA, FL 33920

Title: D ( ) Delete  
Name: MAROTI, SANDRA D  
Address: 21620 N RIVER RD  
City-St-Zip: ALVA, FL 33920

Title: D ( ) Delete  
Name: HALL, C. B  
Address: 1448 ALWYNNE DRIVE NORTH  
City-St-Zip: LEHIGH ACRES, FL 33936

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** EDWARD L. MAROTI SR.

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date