

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03056

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: THE PEST TERMINATOR OF NAPLES, INC.

## Current Principal Place of Business:

6100 - DOGWOOD WAY  
NAPLES, FL 34116 US

## New Principal Place of Business:

4277 EXCHANGE AVE.  
UNIT 4  
NAPLES, FL 34104 US

## Current Mailing Address:

6100 - DOGWOOD WAY  
NAPLES, FL 34116 US

## New Mailing Address:

4277 EXCHANGE AVE.  
UNIT 4  
NAPLES, FL 34104 US

FEI Number: 65-0304134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOLLETT, KELLY J  
6100-DOGWOOD WAY  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

TOLLETT, KELLY J  
4277 EXCHANGE AVE.  
UNIT 4  
NAPLES, FL 34104 US

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: KELLY TOLLETT

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, MCARTHUR  
Address: 6100 DOGWOOD WAY  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: TOLLETT, LARRY S. JR.  
Address: 5711-DOGWOOD WAY  
City-St-Zip: NAPLES, FL 34116

Title: S ( ) Delete  
Name: TOLLETT, KELLY  
Address: 5711-DOGWOOD WAY  
City-St-Zip: NAPLES, FL 34116

Title: T ( ) Delete  
Name: WILLIAMS, BARBARA J.,  
Address: 6100 DOGWOOD WAY  
City-St-Zip: NAPLES, FL 34116

## 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:

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: KELLY TOLLETT

S

03/27/2008

Electronic Signature of Signing Officer or Director

Date