

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 21, 2008 8:00 am**  
**Secretary of State**

08-21-2008 90002 009 \*\*\*550.00

**DOCUMENT # V14672**

1. Entity Name

ALLSTATE TERMITE & PEST CONTROL, INC.



Principal Place of Business

3323 NORTH KEY DRIVE, SUITE 9  
NORTH FT. MYERS FL 33903  
US

Mailing Address

3323 NORTH KEY DRIVE, SUITE 9  
NORTH FT. MYERS FL 33903  
US



2. Principal Place of Business - No P.O. Box #

507 Pondella Road

3. Mailing Address

507 Pondella Road

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

North Fort Myers

City & State

North Ft Myers

Zip

33903

Country

US

Zip

33903

Country

US

2nd MOORE

CR2E034 (4/08)

4. FEI Number

65-0344045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRISSOR, PAUL  
3323 NORTH KEY DRIVE, SUITE 9  
N FT MYERS FL 33903

7. Name and Address of New Registered Agent

Name Paul Brisson

Street Address (P.O. Box Number is Not Acceptable)

507 Pondella Road

Suite 3

City

North Ft Myers

FL

Zip Code

33903

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

Paul Brisson

Paul Brisson

8/11/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ST ☐ Delete  
NAME BRISSON, PAUL  
STREET ADDRESS 3323 NORTH KEY DRIVE, SUITE 9  
CITY-ST-ZIP NORTH FT. MYERS FL 33903

TITLE P ☐ Delete  
NAME DEBOW, BRIAN  
STREET ADDRESS 3323 NORTH KEY DR STE9  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ST ☒ Change ☐ Addition  
NAME Brisson, Paul  
STREET ADDRESS 507 Pondella Road Suite 3  
CITY-ST-ZIP North Ft Myers FL 33903

TITLE P ☒ Change ☐ Addition  
NAME DeBow, Brian  
STREET ADDRESS 507 Pondella Road Suite 3  
CITY-ST-ZIP North Ft Myers FL 33903

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:

Paul Brisson Paul Brisson

8/11/2008

239-656-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #