2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # V33393** 1. Entity Name FIREMAN TERMITE AND PEST CONTROL, INC. Principal Place of Business Mailing Address 106 MCCLURE DR 106 MCCLURE DR GULF BREEZE, FL 32561 **GULF BREEZE, FL 32561** DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 AM Secretary of State



1 (42) 0 411					
04232007	No Chg-P	CR2E034 (11/05)			
4. FEI Number			····	Applied For	
59-3154	1934			Not Applicable	
5. Certificate o	of Status Desired	\$8.75 Additional Fee Required			
DO	NOT W	RIT	E.		
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			e de la companya del companya de la companya del companya de la co	5. Certificat	e of Status Desired	S8.75 A			
6. Name and Address of Current Registered Agent						······			
LOGAN, MARY EDNA 106 MCCLURE DR GULF BREEZE, FL 32561				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the pions of registered agent.	surpose of changing its regi	istered office or re	gistered agent, or b	oth, in the State of Flor	ida. I am familiar witi	h, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	l applicable. (NOTE Reg	pistered Agent eignature r	ed Agent eignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS	1	········					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LOGAN, MARY EDNA 412 DRACENA WAY GULF BREEZE, FL 32561								
NAME		•							
STREET ADDRESS				DO NOT WRITE					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		t de		THIS SP				
TITLE				•					
NAME STREET ADDRESS CITY-ST-ZIP	·				l icición	10748449			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/17/07	-80068-019	150.00		
12. Thereby indicated of the conchanged	certify that the information supplied with this for this report or supplemental report is true portain or the receiver for trustee empowere or on a pattackment with an address with a	iling does not qualify for the and accurate and that my side to execute this report as it is the employment.	e exemptions con ignature shall havi required by Chapt	tained in Chapter 1 the same legal eff er 607, Florida Statu	19, Florida Statutes. I ect as if made under o utes; and that my name	further certify that the ath; that I am an offic appears in Block 10	e information er or director or Block 11 if		

April 25, 2007

(850) 932-9288

Daytime Phone #