

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V46361

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** TOWN & COUNTRY TERMITE & PEST CONTROL, INC.

**Current Principal Place of Business:**

3003 MAINE AVE  
EATON PARK, FL 33840

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 668  
EATON PARK, FL 33840

**New Mailing Address:**

**FEI Number:** 59-3134410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NORRIS, SANDRA J.  
3003 MAINE AVE  
P.O BOX 668  
EATON, FL 33840 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

**OFFICERS AND DIRECTORS:**

**Title:** VSTD  
**Name:** NORRIS, SANDRA J  
**Address:** 3003 MAINE AVE  
**City-St-Zip:** EATON PARK, FL 33840

**Title:** VD  
**Name:** NORRIS, LAWRENCE  
**Address:** 3003 MAINE AVE  
**City-St-Zip:** EATON PARK, FL 33840

**Title:** PD  
**Name:** NORRIS, MARK A  
**Address:** 3003 MAINE AVENUE  
**City-St-Zip:** EATON PARK, FL 33840

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA J. NORRIS

VSTD

04/23/2012

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

\_\_\_\_\_  
Date