
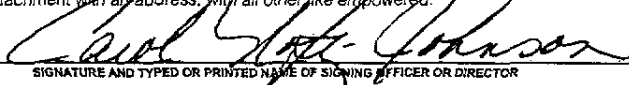


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L59588		
1. Entity Name CAN ELIMINATE PESTS, INC.		
Principal Place of Business 15353 MYRTLE ST FT. MYERS, FL 33908 US	Mailing Address P.O. BOX 08231 6719 WINKLER RD. SUITE 121 FT. MYERS, FL 33908 US	
DO NOT WRITE IN THIS SPACE		
		01102006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0179675
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fes Required
6. Name and Address of Current Registered Agent LUNSDEN, DENNIS J. 6719 WINKLER ROAD SUITE 121 FT. MYERS, FL 33919		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, CAROL ANN NOFTZ PO BOX 08231 N/A FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, RICHARD P.O. BOX 08231 N/A FORT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: 		1/13/06 239-446-7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #