

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L59588 1. Entity Name CAN ELIMINATE PESTS, INC.	
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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
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DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0179675	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LUNSDEN, DENNIS J.
6719 WINKLER ROAD
SUITE 121
FT. MYERS, FL 33919**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	JOHNSON, CAROL ANN NOFTZ
NAME	PO BOX 08231 N/A
STREET ADDRESS	FORT MYERS, FL 33908
CITY-ST-ZIP	
TITLE VP	JOHNSON, RICHARD
NAME	P.O. BOX 08231 N/A
STREET ADDRESS	FORT MYERS, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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02/13/08-80050-010-150:00

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 807, 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: Carol Ann Nofitz Johnson 1-31-08 239-466-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #