2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N28205

1. Entity Name
MOSQUITO BEATERS, INC.

Principal Place of Business	Mailing Address
C/O GEORGE HARRELL 435 BREVARD AVE #6 COCOA, FL 32922	C/O GEORGE HARRELL 435 BREVARD AVE #6 COCOA, FL 32922

04012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, GEORGE L.
1712 PINEDA STREET
COCOA, FL 32922

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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: George L. Harrell 4/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	CD
NAME	HARRELL, GEORGE L
STREET ADDRESS	435 BREVARD AVENUE #6
CITY-ST-ZIP	COCOA, FL 32922
TITLE	VD
NAME	BAIRD, GENE
STREET ADDRESS	250 BANANA BLVD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TD
NAME	NIX, MARY K
STREET ADDRESS	25 ORANGE AVE.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	SD
NAME	GRAY, LOIS
STREET ADDRESS	1266 ADMIRALTY BLVD.
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/05-80007-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: George L. Harrell 4/7/05 321-690-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #