7/2/2007-90036-010-$150.00-$150.00

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07 JUL 23 PM 12: 06

SEC... STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059647

1. Entity Name
MOSQUITOES AND FLIES DEMISE, INC.

Principal Place of Business	Mailing Address
3475 25TH AVENUE SW NAPLES, FL 34117 US	3475 25TH AVENUE SW NAPLES, FL 34117 US

06082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5731 Golden Gate Pkwy	5731 Golden Gate Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34116 Country: USA	Zip: 34116 Country: USA

4. FEI Number: 20-0030644 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G ESQ.
247 N. COLLIER BLVD.
202
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALIS, JONATHAN N 3475 25TH AVE SW NAPLES, FL 34117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5731 Golden Gate Parkway Naples, Florida 34116 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jonathan N. Kalis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jonathan N. Kalis

Date: 06/22/07

Daytime Phone #: (239) 450-1058

7/18/17
wcf

TO: Annual Reports Section
Florida Dept. of State
Div. of Corps.

From: Jonathan Kalis
President
Mosquitoes and Flies Demise Inc.

Ref # P03000059647

* Please Note:

Annual Report Notice was not received. Apparently mail was not forwarded from old address to new address. Please consider waiver of late fee. ($400.00)

Thank You
Jonathan Kalis

* Included
- copy of report
- letter dtd 7/5/17