


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 11, 2008 08:00 AM  
Secretary of State**


**DOCUMENT # P03000060350**  
 1. Entity Name  
**EXOTIC REMOVAL INC.**



Principal Place of Business  
**1251 SW 27TH STREET  
 SUITE 2  
 PALM CITY, FL 34990 US**

Mailing Address  
**1251 SW 27TH STREET  
 SUITE 2  
 PALM CITY, FL 34990 US**

**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>90-0088089</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ACTIVE FILINGS, LLC  
 10651 NE 11TH COURT  
 MIAMI SHORES, FL 33138**

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

**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**

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>OVERDORF, MARGARET L          4030 SW RIVERS END WAY          PALM CITY, FL 34990</b>
TITLE <b>D</b>	<b>OVERDORF, TOBIN R          4030 SW RIVERS END WAY          PALM CITY, FL 34990</b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>

U00000825123  
 02/20/08-80106-014 150.00

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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:** \_\_\_\_\_ **7-8-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR