
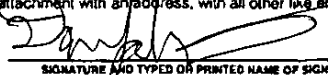


FILED
Mar 06, 2008 8:00 am
Secretary of State

01-22-2008 90084 029 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000040026		
1. Entity Name CUSTOM PEST PREVENTION, INC.		
Principal Place of Business 508 SHANE CIRCLE WINTER SPRINGS, FL 32708	Mailing Address 508 SHANE CIRCLE WINTER SPRINGS, FL 32708	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, DANIEL T 508 SHANE CIRCLE WINTER SPRINGS, FL 32708		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 renewing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DANIEL T 508 SHANE CIRCLE WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: 		Date <u>3-3-08</u> Daytime Phone # <u>321-279-2801</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66002553



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2169738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**