


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90096 004 \*\*\*158.75

<b>DOCUMENT # P05000119782</b>	
<b>1. Entity Name</b> CONRAD E. BURNS PEST ELIMINATORS, INC.	

<b>Principal Place of Business</b> 3314 HARBOR BLVD. PORT CHARLOTTE FL 33952	<b>Mailing Address</b> <del>P.O. BOX 49-5300</del> <del>PORT CHARLOTTE FL 33949</del> SAME
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b> 3314 Harbor Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

<b>City &amp; State</b> Port Charlotte FL	<b>City &amp; State</b> Port Charlotte FL
<b>Zip</b> 33952	<b>Country</b> Charlotte

<b>4. FEI Number</b> 20-3383204	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BURNS, CONRAD E. 3314 HARBOR BLVD. PORT CHARLOTTE FL 33952
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<b>7. Name and Address of New Registered Agent</b>
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 Conrad E. Burns CONRAD E. BURNS president 04/15/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, CONRAD E 21455 MALLORY AVE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3314 Harbor Blvd Port Charlotte FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, II, CONRAD E 21455 MALLORY AVE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3314 Harbor Blvd Port Charlotte FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Conrad E. Burns CONRAD E. BURNS 4/15/08 941-766-0902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR president Date Daytime Phone #