## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2007 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # P06000111454  1. Entity Name								02-07-2007 90050 005 ***150.00				
CARL'S F	PEST CO	NTROL, INC.										
Principal Place of Business				Mailing Address					00			
327 3RD AVE			Р	P O BOX 1921				40011122				
MARCO ISLAND, FL 34145 US				MARCO ISLAND, FL 34146						1 <b>20(6</b> ) ((22) ((2	ERT IIRKI BIRBI BANII BI	
2. Principal Place of Business - No P.O. Box # 3.57 3rd AVE				3. Mailing Address								- I
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01232007	Chg-P	CR	2E034 (12/06)	
Marco FS/AND FL				City & State				4. FEI Numb		12		pplied For ot Applicable
Zip 4/	145	Country		?ip	Coun	ntry		5. Certificate	of Status Desire	ed 🗌	\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	t Regist	tered Agent		ļ.,		7. Name and	Address of Ne	w Register	ed Agent	
						Name	17	DACK	$\mathcal{K}_{i}$	rk.	1m	
						Street Add	dress (I	P.O. Box Numb	er is Not Accept		<i></i>	
,						3	5/	300	AVE			
City Ma								co Is	/	F	L Zig Co	He star -
8. The above	named entity	y submits this statement I	for the p	urpose of changing its	register	ed office or r	egister	ed agent, or bo	th, in the State o			and accept
the obligat	tions of regist	ered agent.					-	-				•
SIGNATURE	///au	L Muku	~	>					1-2	3-0	う	
0.0	Signature, typed	or printed name of registered ager	nt and title if	applicable (NOTE	: Registere	id Agent signature	e required	when reinstating)		DA	TE,	
				O Stanting Comment	<b>-</b>							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu						ncing		00 May Be ed to Fees				
10.		OFFICERS AND	D DIREC	TORS	11.			ADDITIONS	CHANGES TO	OFFICERS A	AND DIRECTOR	IS IN 11
TITLE	VP			Delete	TITLE	i					☐ Change	Addition
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CITY-ST-ZIP	NAPLES,					ET ADORESS - ST-ZIP						
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NAME	KIRKUM, I	MARK		□ Delete	NAM						C Change	Addition
STREET ADDRESS	357 3RD A	AVE			STRE	ET ADDRESS						
CITY-ST-ZIP	MARCO IS	SLAND, FL 34145			CITY	- S1 - ZIP						
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CITY OT 210	I				A1711	DT 707						

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-2307

Daytime Phone #