

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 30, 2004
Secretary of State**

DOCUMENT# P40110

Entity Name: CLARKE MOSQUITO CONTROL PRODUCTS, INC.

Current Principal Place of Business:

159 N GARDEN AVENUE
PO BOX 72197
ROSSELLE, IL 60172

New Principal Place of Business:

Current Mailing Address:

159 N GARDEN AVENUE
PO BOX 72197
ROSSELLE, IL 60172

New Mailing Address:

FEI Number: 36-3672438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CLARKE, JOHN L., JR.,
Address: 159 GARDEN AVENUE
City-St-Zip: ROSELLE, IL 60172

Title: DAS () Delete
Name: CLARKE, MARY KEMP
Address: 159 N. GARDEN
City-St-Zip: ROSELLE, IL

Title: PTD () Delete
Name: CLARKE, III J L
Address: 159 GARDEN AVENUE
City-St-Zip: ROSELLE, IL

Title: V () Delete
Name: ERICKSON, LARRY
Address: 159 N GARDEN AVE
City-St-Zip: ROSELLE, IL 60172

Title: V () Delete
Name: MARGO, KEVIN
Address: 159 N GARDEN AVE
City-St-Zip: ROSELLE, IL 60172

Title: AS () Delete
Name: KANOUSE, FRANCES
Address: 159 N GARDEN AVE
City-St-Zip: ROSELLE, IL 60172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES KANOUSE

AS

08/30/2004

Electronic Signature of Signing Officer or Director

Date