
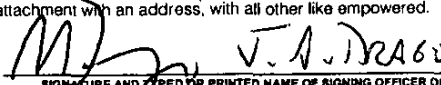


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 005 ***550.00

DOCUMENT # P40110					
1. Entity Name CLARKE MOSQUITO CONTROL PRODUCTS, INC.					
Principal Place of Business 159 N GARDEN AVENUE PO BOX 72197 ROSSELLE, IL 60172			Mailing Address 159 N GARDEN AVENUE PO BOX 72197 ROSSELLE, IL 60172		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3672438	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, JOHN L., JR.		NAME		
STREET ADDRESS	159 GARDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROSELLE, IL 60172		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, MARY KEMP		NAME		
STREET ADDRESS	159 N. GARDEN		STREET ADDRESS		
CITY-ST-ZIP	ROSELLE, IL		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, III J L		NAME		
STREET ADDRESS	159 GARDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROSELLE, IL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, LARRY		NAME		
STREET ADDRESS	159 N GARDEN AVE		STREET ADDRESS		
CITY-ST-ZIP	ROSELLE, IL 60172		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGO, KEVIN		NAME		
STREET ADDRESS	159 N GARDEN AVE		STREET ADDRESS		
CITY-ST-ZIP	ROSELLE, IL 60172		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANOUSE, FRANCES		NAME		
STREET ADDRESS	159 N GARDEN AVE		STREET ADDRESS		
CITY-ST-ZIP	ROSELLE, IL 60172		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: 7/6/07		Daytime Phone #: 630-894-2000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					