

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40110

FILED  
Feb 28, 2008  
Secretary of State

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:**

159 N GARDEN AVENUE  
ROSSELLE, IL 60172

**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: 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  
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 exemption stated 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 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: JOHN L. CLARKE III

PTD

02/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date