


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000015054

1. Entity Name
 CERTIFIED TERMITE & PEST CONTROL SPECIALISTS INC.



Principal Place of Business
 6214 ST. ANDREWS CIR. N
 FORT MYERS, FL 33919

Mailing Address
 6214 ST. ANDREWS CIR. N
 FORT MYERS, FL 33919



01142005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 65-0388252

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEMNITZ, GRADY
 3760 SANTA BARBARA PL SE
 CAPE CORAL, FL 33904

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | KEMNITZ, GRADY |
| STREET ADDRESS | 3760 SE SANTA BARBARA PK |
| CITY-ST-ZIP | CAPE CORAL, FL |
| TITLE | O |
| NAME | TINA KEMNITZ |
| STREET ADDRESS | 3760 S.E. SANTA BARBARA PL |
| CITY-ST-ZIP | CAPE CORAL, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Grady Kemnitz Date: 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #