


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000015054**

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



Principal Place of Business      Mailing Address

**6214 ST. ANDREWS CIR. N  
 FORT MYERS, FL 33919**      **6214 ST. ANDREWS CIR. N  
 FORT MYERS, FL 33919**

**DO NOT WRITE IN THIS SPACE**



05082008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0388252</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 re-registering)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 6, 2006**

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

000000550384  
 05/13/06-80056-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>KEMNITZ, GRADY</b>
STREET ADDRESS	<b>3760 SE SANTA BARBARA PK</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL</b>
TITLE	<b>O</b>
NAME	<b>TINA KEMNITZ</b>
STREET ADDRESS	<b>3760 S.E. SANTA BARBARA PL</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL</b>
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 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:** Grady Kemnitz      **5-5-06 239-278-4373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #