


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 65-0388252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 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 NAME STREET ADDRESS CITY-ST-ZIP	P KEMNITZ, GRADY 3760 SE SANTA BARBARA PK CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TINA KEMNITZ 3760 S.E. SANTA BARBARA PL CAPE CORAL, FL
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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* Date: 5-5-06 Daytime Phone #: 239-278-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR