

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90084 040 ***150.00

DOCUMENT # P99000051803

1. Entity Name

SUN-N-LAKE TERMITE & PEST PREVENTION, INC.



Principal Place of Business

6314 GRANADA BLVD.
SEBRING FL 33872

Mailing Address

6314 GRANADA BLVD.
SEBRING FL 33872

2. Principal Place of Business

4605 Myrtle Beach Dr.

Suite, Apt. #, etc.

3. Mailing Address

4605 Myrtle Beach Dr.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Sebring FL

Zip

33872

Country

USA

City & State

Sebring FL

Zip

33872

Country

USA

4. FEI Number

52-2176107

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOMISAR, CRAIG S
6314 GRANADA BLVD.
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

Craig S. Komisar

Street Address (P.O. Box Number is Not Acceptable)

4605 Myrtle Beach Drive

City

Sebring

FL

Zip Code

33872

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KOMISAR, CRAIG S	
STREET ADDRESS	6314 GRANADA BLVD.	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE	SDVT	<input type="checkbox"/> Delete
NAME	KOMISAR, DEBRA G	
STREET ADDRESS	6314 GRANADA BLVD.	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4605 Myrtle Beach Drive	
CITY-ST-ZIP	Sebring FL 33872	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4605 Myrtle Beach Drive	
CITY-ST-ZIP	Sebring FL 33872	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Debra G. Komisar Secy/Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04 (863) 414-3006

Date

Daytime Phone #