


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000051803 1. Entity Name SUN-N-LAKE TERMITE & PEST PREVENTION, INC.	
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Principal Place of Business 4605 MYRTLE BEACH DR. SEBRING, FL 33872	Mailing Address 4605 MYRTLE BEACH DR. SEBRING, FL 33872
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2176107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KOMISAR, CRAIG S
4605 MYRTLE BEACH DR.
SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added <input type="checkbox"/> Fee	U000000511802~M 04/23/06--80062-020 150.00~M
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOMISAR, CRAIG S 4605 MYRTLE BEACH DR. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT KOMISAR, DEBRA G 4605 MYRTLE BEACH DR. SEBRING, FL 33872
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Debra S. Komisar, Secretary 4/10/06 843 471 2749

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