

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030296

FILED
Apr 28, 2006
Secretary of State

Entity Name: BUG SLAYER MOSQUITO CONTROL, INC.

Current Principal Place of Business:

109 BAYVIEW BLVD. SOUTH
UNIT F
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 247
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: 01-0638594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VELONG, SAMUEL L P
990 ROLLING HILLS DR
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELONG, SAMUEL L
Address: 109 BAYVIEW BLVD., SOUTH, UNIT F
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: KATZ, JERRY
Address: 109 BAYVIEW BLVD SOUTH, UNIT F
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VELONG, MARTHA A
Address: 109 BAYVIEW BLVD SOUTH, UNIT F
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL L VELONG

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date