


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90004 003 \*\*\*150.00

**DOCUMENT # P93000077364**

1. Entity Name  
**A-1 BUG BUSTERS OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**5500 NW 15 ST**  
**MARGATE, FL 33063 US**

Mailing Address  
**P.O. BOX 934818**  
**MARGATE, FL 33093 US**



2. Principal Place of Business  
**PO Box 635**

3. Mailing Address  
**PO Box 635**

City & State  
**Dania FL**

City & State  
**Dania FL**

Zip  
**33004**

Country  
**USA**

Zip  
**33004**

Country  
**USA**

01192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0450859**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, BRAD M**  
**5145 SW 26TH AVE**  
**DANIA, FL 33312**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PHILLIPS, BRAD M</b> <b>5145 SW 26TH AVE</b> <b>DANIA, FL 33312</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Brad M Phillips **Brad Phillips, Pres.** 1/22/04 954-298-4131  
Signature typed or printed name of signing officer or director Date Daytime Phone #