


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S47172**  
 1. Entity Name  
**BUG-A-BOO PEST CONTROL, INC.**



Principal Place of Business 2600 NE 18 ST POMPANO BEACH, FL 33062	Mailing Address 2600 NE 18 ST POMPANO BEACH, FL 33062
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0254398	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

NORTHAM, DAVID  
 2600 N.E. 18 STREET  
 POMPANO BEACH, FL 33062

**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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTHAM, DAVID 2600 NE 18 STREET POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHAM, FREDA 3800 N.E. 27TH TERR. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/03/06-80008-011 150.00

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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: David Northam **DAVID NORTHAM** 4-17-06 (954) 895-0889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #