

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000091840

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** THE BUG SHOPPE DO-IT-YOURSELF PEST CONTROL STORE, INC.

**Current Principal Place of Business:**

2449 ALT. 19 N  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

2449 ALT. 19 N  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3541004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRIS, MICHAEL E  
29 N. PINELLAS AVE.  
TARPON SPRINGS, FL 34689 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZERVOS, PETE L  
Address: 1067 ASHLAND AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: CONNOR, PAUL W  
Address: 276 MAPLE AVE  
City-St-Zip: PAM HARBOR, FL 34684

I hereby 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 all other like empowered.

SIGNATURE: PETE L. ZERVOS

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date