

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000091840

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

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC7212218092**

**Current Principal Place of Business:**

2449 ALT. 19 N  
PALM HARBOR, FL 34683

**Current Mailing Address:**

2449 ALT.19 N  
PALM HARBOR, FL 34683

**FEI Number: 59-3541004**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title	PD	Title	D
Name	ZERVOS, PETE L	Name	CONNOR, PAUL W
Address	1322 BELCHER DR	Address	276 MAPLE AVE
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-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 ZERVOS**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date