2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# 633744

Entity Name: LAY-D BUG EXTERMINATING, INC.

Current Principal Place of Business:

4765 N. SEMINOLE AVNEUE
WINTER PARK, FL 327927118

New Principal Place of Business:

Current Mailing Address:

4765 N. SEMINOLE AVNEUE
WINTER PARK, FL 327927118

New Mailing Address:

P.O. BOX 1055
GOLDENROD, FL 327331055 US

FEI Number: 59-1924269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAY, ALFORD D.
955 SCANDIA LANE
ORLANDO, FL 32825 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: PD ( ) Delete
Name: LAY, ALFORD D.,
Address: 955 SCANDIA LANE
City-St-Zip: ORLANDO, FL 32825

Title: V ( ) Delete
Name: LAY, PATRICIA E.,
Address: 955 SCANDIA LANE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PATRICIA E. LAY V 04/12/2007
Electronic Signature of Signing Officer or Director Date