

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687245

FILED
Mar 03, 2008
Secretary of State

Entity Name: BUG MASTER PEST CONTROL AND EXTERMINATION COMPANY, INC.

Current Principal Place of Business:

2449 ALT. 19 N.
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 874
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2023174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONNOR, PAUL WILLIAM,
Address: 276 MAPLE AVENUE
City-St-Zip: PALM HARBOR, FL 34684

Title: P () Delete
Name: ZERVOS, PETE L
Address: 581 VILLAGE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ZERVOS, PETE L
Address: 1067 ASHLAND AVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify 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: PETE L. ZERVOS

PRES

03/03/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date