

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687245

FILED  
Apr 27, 2011  
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:**

2449 ALT. 19 N.  
PALM HARBOR, FL 34683 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

**OFFICERS AND DIRECTORS:**

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

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

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

04/27/2011

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

\_\_\_\_\_  
Date