

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00502

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: BUG BLASTERS, INC.

## Current Principal Place of Business:

C/O PAUL FELKER  
5951 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 322115628 US

## New Principal Place of Business:

## Current Mailing Address:

C/O PAUL FELKER  
5951 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

## New Mailing Address:

C/O PAUL FELKER  
5951 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 322115628 US

FEI Number: 59-2047795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELKER, PAUL  
5951 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL, FL 32211 US

## Name and Address of New Registered Agent:

FELKER, PAUL  
5951 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AT ( ) Delete  
Name: SESSIONS, JOHN F  
Address: 5951 ARLINGTON EXPRSWY.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: SESSIONS, KEVIN  
Address: 5951 ARLINGTON EXPRSWY.  
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete  
Name: FELKER, PAUL L JR.  
Address: 5951 ARLINGTON EXPRSWY.  
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete  
Name: MILTON, JOHN G  
Address: 5951 ARLINGTON EXPRSWY.  
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete  
Name: JANES, ROBERT S  
Address: 5951 ARLINGTON EXPRSWY  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: FELKER, CAREN  
Address: 5951 ARLINGTON EXPRSWY.  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: ROBERT JANES

STD

04/08/2009

Electronic Signature of Signing Officer or Director

Date