

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08417

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: BUG STOP EXTERMINATORS, INC.

**Current Principal Place of Business:**

506 S.W. 52ND STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

506 S.W. 52ND STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 59-2421373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCULLES, ANTHONY  
506 S.W. 52ND STREET  
CAPE CORAL, FL 33914      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: VP ( ) Delete  
Name: SCULLES, PHOEBE,  
Address: 506 SW 52ND STREET  
City-St-Zip: CAPE CORAL, FL

Title: P ( ) Delete  
Name: SCULLES, ANTHONY,  
Address: 506 SW 52ND STREET  
City-St-Zip: CAPE CORAL, FL

Title: T ( ) Delete  
Name: SCULLES, ANTHONY,  
Address: 580 NE 4TH STREET  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: SCULLES, ANTHONY C,  
Address: 580 NE 4TH STREET  
City-St-Zip: NAPLES, FL 34120

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: ANTHONY SCULLES

PRES

01/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date