

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08417

FILED
Apr 20, 2009
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 (X) 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 C
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: DP (X) Change () Addition
Name: SCULLES, ANTHONY
Address: 506 SW 52ND STREET
City-St-Zip: CAPE CORAL, FL

Title: VST (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 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

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date