

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08417

FILED  
Feb 09, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SCULLES, ANTHONY  
Address: 506 SW 52ND STREET  
City-St-Zip: CAPE CORAL, FL

Title: VST  
Name: SCULLES, ANTHONY C  
Address: 580 NE 4TH STREET  
City-St-Zip: NAPLES, FL 34120

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: ANTHONY C SCULLES

VP

02/09/2012

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

\_\_\_\_\_  
Date