


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H63123</b> 1. Entity Name BUG BUSTERS PEST CONTROL CORPORATION	
--	---

Principal Place of Business 34845 TRANQUVIEW LN 730 EAST MERIDIAN AVENUE DADE CITY, FL 33525 US	Mailing Address 34845 TRANQUVIEW LN 730 EAST MERIDIAN AVENUE DADE CITY, FL 33525 US
--	--



04022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2561237	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  JOHNSON LEONARD H STE 314 CONTENTIAL BLDG 301 E MERIDIAN AVE DADE CITY, FL 33525	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

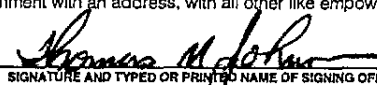
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, THOMAS M. 34845 TRANQUVIEW LN. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JOHNSON, KRISTINE 34845 TRANQUVION LN DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKMAN, LORRAINE A. 34837 TRANQUVIEW LANE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1107070310131  
4/16/05-20064-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Johnson

4/14/05  
Date

352-567-3841  
Daytime Phone #