

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90067 015 \*\*\*150.61

<b>DOCUMENT # H63123</b>	
1. Entity Name <b>BUG BUSTERS PEST CONTROL CORPORATION</b>	
Principal Place of Business <b>34845 TRANQUIVIEW LN 730 EAST MERIDIAN AVENUE DADE CITY FL 33525 US</b>	Mailing Address <b>34845 TRANQUIVIEW LN 730 EAST MERIDIAN AVENUE DADE CITY FL 33525 US</b>



2. Principal Place of Business - No P.O. Box # <b>Suite, Apt. #, etc. 34845 TRANQUIVIEW LN. City &amp; State DADE CITY FL Zip 33523 Country PASCO</b>	3. Mailing Address <b>Suite, Apt. #, etc. 34845 TRANQUIVIEW LN. City &amp; State DADE CITY FL Zip 33523 Country PASCO</b>
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1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2561237</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHNSON, THOMAS M 34845 TRANQUIVIEW LN DADE CITY FL 33523</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Thomas Johnson* **THOMAS JOHNSON** **4/26/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOHNSON, THOMAS M. 34845 TRANQUIVIEW LN. DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JOHNSON, KRISTINE 34845 TRANQUIVION LN DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JACKMAN, LORRAINE A. 34837 TRANQUIVIEW LANE DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Please note: V.T.  
There is a type error on the  
street address spelling.  
The correct spelling  
should be

**TRANQUIVIEW LN.**

Thank You  
*Thomas Johnson*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Thomas Johnson* **THOMAS JOHNSON, PRESIDENT** **4/26/07** **352-567-3841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #