


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-14-2007 90067 015 ***150.61

DOCUMENT # H63123

1. Entity Name
BUG BUSTERS PEST CONTROL CORPORATION



Principal Place of Business Mailing Address

**34845 TRANQUIVIV LN
 730 EAST MERIDIAN AVENUE
 DADE CITY FL 33525
 US**

**34845 TRANQUIVIV LN
 730 EAST MERIDIAN AVENUE
 DADE CITY FL 33525
 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

34845 TRANQUIVIV LN. **34845 TRANQUIVIV LN.**

City & State City & State

DADE CITY FL **DADE CITY FL**

Zip Country Zip Country

33523 **FL** **33523** **FL**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**JOHNSON, THOMAS M
 34845 TRANQUIVIV LN
 DADE CITY FL 33523**

4. FEI Number **59-2561237** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, THOMAS M.	
STREET ADDRESS	34845 TRANQUIVIV LN.	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JOHNSON, KRISTINE	
STREET ADDRESS	34845 TRANQUIVIV LN	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKMAN, LORRAINE A.	
STREET ADDRESS	34837 TRANQUIVIV LANE	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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