


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H63123 1. Entity Name BUG BUSTERS PEST CONTROL CORPORATION	
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Principal Place of Business 34845 TRANQUVIEW LN DADE CITY, FL 33523 US	Mailing Address 34845 TRANQUVIEW LN DADE CITY, FL 33523 US
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

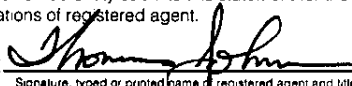
4. FEI Number 59-2561237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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  1/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

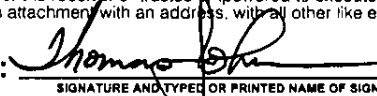
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000915136 02/13/08-80072-010 150.00
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10. OFFICERS AND DIRECTORS

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 TRANQUIVION 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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M. Johnson** **1/28/08** **352-567-3841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #