


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90079 048 \*\*\*\*50.00

<b>DOCUMENT # L03000037831</b>	
1. Entity Name <b>BUGS-B-GONE PEST CONTROL, LLC</b>	

Principal Place of Business <b>4128 BALD EAGLE DRIVE KISSIMMEE FL 34746</b>	Mailing Address <b>4128 BALD EAGLE DRIVE KISSIMMEE FL 34746</b>
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2. Principal Place of Business <b>1350 TENNESSEE AVE</b>	3. Mailing Address <b>1350 TENNESSEE AVE</b>
Suite, Apt. #, etc. <b>G</b>	Suite, Apt. #, etc. <b>G</b>

2nd MOORE CR2E083 (5/05)

City & State <b>ST. Cloud FL</b>	City & State <b>ST. Cloud FL</b>
Zip <b>34769</b>	Country <b>OSCEOLA</b>

4. FEI Number <b>52-2402828</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>FOUST, KATHLEEN M 17 S. ORLANDO AVE. KISSIMMEE FL 34741</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
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 <b>Kathleen M. Foust</b>	DATE <b>08-01-05</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 7, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SEMPLER, ROBERT J 4128 BALD EAGLE DRIVE KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SEMPLER, DENISE M 4128 BALD EAGLE DRIVE KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <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
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
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
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SIGNATURE: <b>Robert J Sempler</b>	DATE: <b>08-01-05</b>	DAYTIME PHONE: <b>407-891-1964</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		