


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-08-2004 90124 040 ***150.00

DOCUMENT # P00000079995

1. Entity Name
BUG OFF PEST CONTROL, INC.



Principal Place of Business
**324 NO. 2 ANDALUSIA AVENUE
ORMOND BEACH, FL 32174**

Mailing Address
**324 NO. 2 ANDALUSIA AVENUE
ORMOND BEACH, FL 32174**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09242004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3670303

Applied For
 Not Applicable

City & State
Zip Country

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

6. Name and Address of Current Registered Agent

OSIPOWER, TONJA J
875 WILLOW RUN DRIVE
ORMOND BEACH, FL 32174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSIPOWER, TONJA J 875 WILLOW RUN DRIVE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Tonja J Osipower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/04 Date
386-671-26 Daytime Phone #

Attachment
66434190
P00000019995

BUG OFF PEST CONTROL INC.
324 ANDALUSIA AVE #2
ORMOND BEACH, FL 32174

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

I DID NOT RECEIVE THE INFORMATION TO FILE FOR MY ANNUAL REPORT UNTIL
THE MIDDLE OF SEPTEMBER 2004.

I LIVE IN ORMOND BEACH, FLORIDA, VOLUSIA COUNTY, WHERE WE WERE HIT BY
THE TWO HURRICANES.

DUE TO THIS OUR MAIL AND EVERYTHING HAS BEEN MESSED UP.

WE ARE IN A NATIONAL DISASTER AREA.

I AM NOW FILING AND SENDING IN ALL APPROPRIATE PAPER WORK.

WITH THE FEE OF \$150.00.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

TONJA J OSIPOWER

Tonja J. Osipower
9/24/04