

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094632

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** BUG-OFF PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

22029 U.S. HWY 19 N  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

7 MAYWOOD AVENUE N  
CLEARWATER, FL 33765 US

**Current Mailing Address:**

7 MAYWOOD AVE N  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-3674789      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RATLIFF, MICHAEL A  
7 MAYWOOD AVE N  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** RATLIFF, MICHAEL A  
**Address:** 7 MAYWOOD AVE N  
**City-St-Zip:** CLEARWATER, FL 33765 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A RATLIFF

D

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date