

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059581

FILED
Apr 30, 2006
Secretary of State

Entity Name: BUG MASTER PEST CONTROL OF CROSS CITY, INC.

Current Principal Place of Business:

91 S.W. 12TH STREET
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 1319
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-3730478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLISON, MELODY
91 S.W. 12TH STREET
PO BOX 426
CROSS CITY, FL 32628 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROLLISON, MELODY
Address: 91 S.W. 12TH ST. PO BOX 426
City-St-Zip: CROSS CITY, FL 32628

Title: V () Delete
Name: ROLLISON, DWAYNE
Address: 91. S.W. 12TH ST. PO BOX 426
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELODY ROLLISON

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date