2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P02000059846** 04-19-2004 90345 010 ***150.00 1. Entity Name BUGGIN OUT TERMITE & PEST CONTROL, INC. Mailing Address Principal Place of Business 24047741 8440 ULMERTON ROAD SUITE 571 8440 ULMERTON ROAD SUITE 571 LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address 8420 ULMERTON RD 8430 ULMERON Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 04152004 Cha-P 402 SUITE SUITE City & State City & State Applied For 4. FEI Number ARGO 01-0708068 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П U.S.A U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OOO RASHLEIGH SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH.FLOOR ___ MIAMI, FL 33145 Zip Code 337 LARGO 8. The above named entity submits this statement to 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. 00ST RASHLETA H SIGNATURES Signature, typed or printed name of registers \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ☐ Delete TITLE TITLE NAME RASHLEIGH, TODD NAME 8440 ULMERTON ROAD SUITE 571 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 VSD Addition TITLE Delete Change NAME PEREZ, GEORGE NAME 8440 ULMERTON ROAD SUITE 571 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST: ZIP CITY-ST-ZIF Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZiP Addition ☐ Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP 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 attackment with

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