

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000157072

FILED  
Oct 04, 2007  
Secretary of State

Entity Name: BUGS B GONE TERMITE & PEST CONTROL INC

## Current Principal Place of Business:

12637 PHILLIPS HWY  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

12637 PHILLIPS HWY  
SUITE 1  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

12637 PHILLIPS HWY  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

8421 BAYMEADOWS WAY  
SUITE 1  
JACKSONVILLE, FL 32256 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LABAD, VICTOR  
5550 CASAVEDRA COURT  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

DUFFY, MARK A  
8421 BAYMEADOWS WAY  
SUITE 1  
JACKSONVILLE, FL 32244 US

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: MARK A DUFFY

10/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WHITT, JOHN S  
Address: 12637 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Delete  
Name: LABAD, VICTOR  
Address: 5550 CASAVEDRA COURT  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: S, T (X) Delete  
Name: WHITT, CHRISTINE  
Address: 12637 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PATTERSON, SALOME  
Address: 7707 MCCOWAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244 US

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 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: SALOME PATTERSON

T

10/04/2007

Electronic Signature of Signing Officer or Director

Date