

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023104

FILED
Jan 25, 2007
Secretary of State

Entity Name: BUG-OUT PEST CONTROL, INC.

Current Principal Place of Business:

1610 N. W. 115TH AVENUE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1610 N. W. 115TH AVENUE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0485767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLDEN, LOYD
1610 N. W. 115TH AVENUE
PEMBROKE PINES, FL 33026 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: PD () Delete
Name: HOLDEN, LOYD
Address: 1610 N. W. 115TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: STD () Delete
Name: HOLDEN, DELORES
Address: 1610 N. W. 115TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

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: LOYD HOLDEN

PD

01/25/2007

Electronic Signature of Signing Officer or Director

Date