

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090406

FILED
Apr 18, 2009
Secretary of State

Entity Name: BUGS RX PEST CONTROL INC.

Current Principal Place of Business:

2948 TALL OAK COURT
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

3828 CYPRESS LAKE DR
LAKE WORTH, FL 33407 US

New Mailing Address:

3828 CYPRESS LAKE DR
LAKE WORTH, FL 33467 US

FEI Number: 65-0624869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNETO, FRANK S
3828 CYPRESS LAKE DR.
LAKE WORTH, FL 33407 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: HEISS, WILLIAM V
Address: 2948 TALL OAK COURT
City-St-Zip: DAVIE, FL 33328

Title: V () Delete
Name: HEISS MADKINS, CYNTHIA L
Address: 4623 LONG CLIMB CANYON
City-St-Zip: HUMBLE, TX 77396

Title: ST () Delete
Name: HEISS, PATRICIA E
Address: 2948 TALL OAK COURT
City-St-Zip: DAVIE, FL 33328

Title: O () Delete
Name: CANNETO, FRANK S
Address: 3828 CYPRESS LAKE DR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANK CANNETO

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04/18/2009

Electronic Signature of Signing Officer or Director

Date