

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000107610

Entity Name: LADY BUG SERVICES, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6254 POWERS AVE  
73  
JACKSONVILLE, FL 32217

## **New Principal Place of Business:**

6254 POWERS AVE  
720  
JACKSONVILLE, FL 32217

## **Current Mailing Address:**

PO BOX 19971  
JACKSONVILLE, FL 322459971

## **New Mailing Address:**

FEI Number: 59-3547889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

STRATTON, PATRICE M  
371 CIRCLE DRIVE NORTH  
ST AUGUSTINE, FL 32207 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

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STRATTON, PATRICE M  
Address: 371 CIRCLE DRIVE NORTH  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: BD  
Name: STRATTON, THOMAS B  
Address: 371 CIRCLE DRIVE NORTH  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: PATRICE M STRATTON

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date