


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V25288</b> 1. Entity Name <b>BUG MAN PEST CONTROL OF HILLSBOROUGH COUNTY, INC.</b>	
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Principal Place of Business <b>22317 SOUTHSORE DR LAND O' LAKES, FL 34639 US</b>	Mailing Address <b>P. O. BOX 695 BRANDON, FL 33509 US</b>
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**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3158469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**LEO MEIROSE & FRISCIA, P.A.  
500 N. WESTSHORE BOULEVARD  
SUITE 635  
TAMPA, FL 33609**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GROW, RUSTY 22317 SOUTHSORE DRIVE LAND O' LAKES, FL 34639</b>
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03/04/08-80006-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other life empowered.

**SIGNATURE:** *Rusty D. Grow* *Rusty D. Grow* **2-18-08** **813-685-3644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #