

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V53465

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** BUGSAWAY EXTERMINATING SERVICE, INC.

**Current Principal Place of Business:**

8271 1ST LANE SOUTH  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 17943  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

**FEI Number:** 65-0364313      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ANWAR, MAHMOOD  
2249 BALSAN WAY  
WELLINGTON, FL 33414 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: PD  
Name: ANWAR, MAHMOOD  
Address: 2249 BALSAN WAY  
City-St-Zip: WELLINGTON, FL 33414

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: MAHMOOD ANWAR

P/D

04/11/2012

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

\_\_\_\_\_  
Date