

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 297023

FILED
Apr 08, 2009
Secretary of State

Entity Name: BUG-OUT SERVICE INC

Current Principal Place of Business:

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 322115628

New Principal Place of Business:

Current Mailing Address:

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 322115628

New Mailing Address:

FEI Number: 59-1104713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELKER, PAUL
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 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: AT () Delete
Name: SESSIONS, JOHN F.
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: JANES, ROBERT S
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: FELKER, PAUL J JR.
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: MILTON, JOHN G SR
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: FELKER, CAREN
Address: 5951 ARLINGTON EXPWY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SESSIONS, KEVIN
Address: 5951 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL

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
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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: ROBERT JANES

STD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date