

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000031131

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** ENVIRONMENTAL SPECIALISTS BUG SERVICE, INC.

**Current Principal Place of Business:**

2725 TWIN OAKS TRAIL  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

2725 TWIN OAKS TRAIL  
FORT PIERCE, FL 34945

**New Mailing Address:**

**FEI Number:** 56-2328729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLINARO, BRENDA  
2725 TWIN OAKS TRAIL  
FORT PIERCE, FL 34945 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: PTSD  
Name: MOLINARO, BRENDA  
Address: 2725 TWIN OAKS TRAIL  
City-St-Zip: FORT PIERCE, FL 34945

Title: D  
Name: KISLER, JODY  
Address: 5681 ATHENS CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: BRENDA MOLINARO

PTSD

03/17/2011

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

\_\_\_\_\_  
Date