

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 024 ***150.00

DOCUMENT # P06000066091

1. Entity Name

"BUGS OR US" OF FLAGLER COUNTY, INC.



Principal Place of Business

15 UTILITY DRIVE
PALM COAST FL 32137

Mailing Address

P.O. BOX 354722
PALM COAST FL 32135



2. Principal Place of Business - No P.O. Box #

15 UTILITY DR

3. Mailing Address

PO BOX 354722

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

PALM COAST

City & State

PALM COAST FLORIDA

City & State

FLORIDA

Zip

32137

Country

USA

Zip

32137

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4851971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOVER, DONNA M
18 FAIRCHILD LANE
PALM COAST FL 32137

Donna M Stover

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEHOE, MICHAEL F	
STREET ADDRESS	118 BLARE CASTLE DRIVE	
CITY ST ZIP	PALM COAST FL 32137	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STOVER, DONNA M	
STREET ADDRESS	18 FAIRCHILD LANE	
CITY ST ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

Michael Kehoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

386-503-1165

Daytime Phone #