

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90034 021 \*\*\*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 #

14 UTILITY DR

3. Mailing Address

PO BOX 354722

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

City & State  
PALM COAST FL

City & State  
PALM COAST FL

Zip  
32137

Country  
USA

Zip  
32135

Country  
USA

4. FEI Number  
20-4851971

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)



6. Name and Address of Current Registered Agent

STOVER, DONNA M  
18 FAIRCHILD LANE  
PALM COAST FL 32137

NO LONGER INVOLVED

7. Name and Address of New Registered Agent

Name: Michael Kehoe  
Street Address (P.O. Box Number is Not Acceptable): 6323 HIBISCUS ST  
City: BUNNEL FL Zip: 32110

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: Michael Kehoe

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

1-25-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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  
NAME: KEHOE, MICHAEL F  
STREET ADDRESS: 118 BLARE CASTLE DRIVE  
CITY-ST-ZIP: PALM COAST FL 32137  
☐ Delete

Sole owner

TITLE: ~~STD~~  
NAME: ~~STOVER, DONNA M~~  
STREET ADDRESS: ~~18 FAIRCHILD LANE~~  
CITY-ST-ZIP: ~~PALM COAST FL 32137~~  
☒ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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

Date

Daytime Phone

3-22-08  
3-22-08