

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 033 ***150.00

DOCUMENT # P93000033503 1. Entity Name BUG MAN PEST MANAGEMENT, INC.			
Principal Place of Business 1401 SW BILTMORE ST PORT ST LUCIE, FL 34983 US		Mailing Address 1401 SW BILTMORE ST PORT ST LUCIE, FL 34983 US	
2. Principal Place of Business - No P.O. Box # 1425 SE MINORCA AVE Suite, Apt. #, etc.		3. Mailing Address 1425 SE MINORCA AVE Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FLORIDA Zip 34952 Country USA		City & State PORT ST. LUCIE, FLORIDA Zip 34952 Country USA	
4. FEI Number 65-0409942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENNON, ANGELA A. 664 SE DEGAN DR PORT ST. LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Angela A. Lennon U.P.</i></u> DATE <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME LENNON, ANGELA A STREET ADDRESS 664 SE DEGAN DR CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME MATTESON, RICHARD A STREET ADDRESS 395 SW KESTOR DR CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Richard Matteson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/21/08</u> Daytime Phone # <u>772 879-2740</u>	