

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000086169

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** BUG OUT SERVICE OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

7201 NORTH 9TH AVENUE  
SUITE A-2  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11307  
SUITE A/2  
PENSACOLA, FL 32524

**New Mailing Address:**

**FEI Number:** 59-3346597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SESSIONS, JOHN F. MRS.  
5951 ARLINGTON EXPRESSWAY  
SUITE 3000  
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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SESSIONS, JOHN MRS.  
**Address:** 5951 ARLINGTON EXPRESSWAY  
**City-St-Zip:** JACKSONVILLE, FL 32211

**Title:** VPD  
**Name:** TATE, EDWARD D  
**Address:** 4058 BERRY PLACE  
**City-St-Zip:** PACE, FL 32571

**Title:** ST  
**Name:** JANES, ROBERT S  
**Address:** 5951 ARLINGTON EXPRESSWAY  
**City-St-Zip:** JACKSONVILLE, FL 32211

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:** EDWARD D. TATE

VP

04/11/2012

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

\_\_\_\_\_  
Date