

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004839

**FILED**  
**May 03, 2005**  
**Secretary of State**

**Entity Name:** THE BUG MAN PEST SERVICES, INC.

**Current Principal Place of Business:**

6549 MADISON ST  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

254 JELLISON ROAD  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

6549 MADISON ST  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

254 JELLISON ROAD  
ST AUGUSTINE, FL 32080

**FEI Number:** 59-3363319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINK, MARTIN V JR  
254 JELLISON ROAD  
SAINT AUGUSTINE, FL 32080 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FINK, MARTIN V JR  
Address: 6549 MADISON ST  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: FINK, DEBORAH J  
Address: 6549 MADISON ST  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FINK, MARTIN V JR  
Address: 254 JELLISON ROAD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Change ( ) Addition  
Name: FINK, DEBORAH J  
Address: 254 JELLISON ROAD  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH J. FINK

D

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date