


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90045 045 \*\*\*150.00

**DOCUMENT # P96000004839**

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



Principal Place of Business  
**254 JELLISON ROAD  
 ST AUGUSTINE FL 32080**

Mailing Address  
**254 JELLISON ROAD  
 ST AUGUSTINE FL 32080**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **59-3363319** Applied For  
 Not Applicable

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

1st MOORE CR2E034 (10/06)

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	FINK, MARTIN V JR	
STREET ADDRESS	254 JELLISON ROAD	
CITY - ST - ZIP	ST AUGUSTINE FL 32080	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINK, DEBORAH J	
STREET ADDRESS	254 JELLISON ROAD	
CITY - ST - ZIP	ST AUGUSTINE FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINK, NATHAN R	
STREET ADDRESS	465 CASTANO RD	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jesse Palmer Fink	
STREET ADDRESS	254 Jellison Road	
CITY - ST - ZIP	St Augustine, FL 32080	
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	
CITY - ST - ZIP	
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	
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: *Deborah J Fink* *Deborah J. Fink* 4/1/07 904-471-4380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #