

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 637290

**Entity Name:** BUGMAN PEST CONTROL SERVICE, INC.

**Current Principal Place of Business:**

LOUIE CARTER ROAD, CLAY COUNTY  
1640 LOUIE CARTER RD.  
JACKSONVILLE, FL 32234

**Current Mailing Address:**

LOUIE CARTER ROAD, CLAY COUNTY  
1640 LOUIE CARTER RD.  
JACKSONVILLE, FL 32234

**FEI Number:** 59-1938289

**Certificate of Status Desired:** Yes

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

LINDSEY, WAUNITA W.  
1640 LOUIE CARTER RD.  
JACKSONVILLE, FL 32234 US

*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

**Officer/Director Detail :**

Title            DPS  
Name            LINDSEY, WAUNITA W.  
Address        LOUIE CARTER ROAD  
City-State-Zip: JACKSONVILLE FL  
  
Title            VP  
Name            WISE, LARRY HORACE  
Address        1640 LOUIE CARTER RD.  
City-State-Zip: JACKSONVILLE FL 32234

Title            VP  
Name            LINDSEY, ARTHUR J  
Address        LOUIE CARTER ROAD, CLAY COUNTY  
                  1640 LOUIE CARTER RD.  
City-State-Zip: JACKSONVILLE FL 32234

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:** WAUNITA WEATHERS LINDSEY

**BUGMAN PEST CONTROL    03/08/2025**  
**SERVICES, INC.**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date