

**2023 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	Title	VP
Name	LINDSEY, WAUNITA W.	Name	LINDSEY, ARTHUR J
Address	LOUIE CARTER ROAD	Address	LOUIE CARTER ROAD, CLAY COUNTY 1640 LOUIE CARTER RD.
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL 32234
Title	VP		
Name	WISE, LARRY HORACE		
Address	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 W. LINDSEY**PRESIDENT****03/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date