

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000004839

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

**Current Principal Place of Business:**

254 JELLISON ROAD  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

254 JELLISON ROAD  
ST AUGUSTINE, FL 32080

**FEI Number:** 59-3363319

**Certificate of Status Desired:** No

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

FINK, MARTIN VJR  
254 JELLISON ROAD  
SAINT AUGUSTINE, FL 32080 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 P  
Name FINK, MARTIN VJR  
Address 254 JELLISON ROAD  
City-State-Zip: ST AUGUSTINE FL 32080

Title T  
Name FINK, DEBORAH J  
Address 254 JELLISON ROAD  
City-State-Zip: ST AUGUSTINE FL 32080

Title VP  
Name FINK, NATHAN R  
Address 90 ALOHA CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title VP  
Name FINK, JESSE P  
Address 520 DEVON CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VP  
Name FINK, CORY M  
Address 221 PHOENETIA DRIVE  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** DEBORAH J FINK

**TREASURER**

**02/11/2019**

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

\_\_\_\_\_  
Date