2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90069 037 ***150.00

DOCUMENT # P02000096283

1. Entity Name
BUG THUGS, INC.

Principal Place of Business	Mailing Address
9172 BOCA GARDENS PKWY., STE. C BOCA RATON FL 33496-3710	9172 BOCA GARDENS PKWY., STE. C BOCA RATON FL 33496-3710

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
18232 104Th Terrace S.	18232 104Th Terrace S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. FEI Number 54-2080865 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, BRIAN
1410 WEST PERRY ST.
LANTANA FL 33462

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 [signature] 3-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PS	COOKSEY, SCOTT A	9172 BOCA GARDENS PKWY., STE. C	BOCA RATON FL 33496-3710	☐
VT	MILLER, BRIAN	1410 WEST PERRY ST.	LANTANA FL 33462	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PS	Cooksey, Scott A.	18232 104th Terrace S.	Boca Raton, Florida 33496	☑	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 3-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #