

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 9172 BOCA GARDENS PKWY., STE. C BOCA RATON FL 33496-3710	Mailing Address 9172 BOCA GARDENS PKWY., STE. C BOCA RATON FL 33496-3710
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2. Principal Place of Business 18232 104TH Terrace S. Suite, Apt. #, etc.	3. Mailing Address 18232 104TH Terrace S. Suite, Apt. #, etc.
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City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33498	Zip 33498
Country USA	Country USA

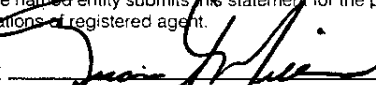


MOORE CR2E034 (11/03)

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
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8. The above named entity submits the 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 a registered agent.

SIGNATURE  DATE 3-17-04

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, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	☐ Delete	TITLE PS	☒ Change ☐ Addition
NAME COOKSEY, SCOTT A		NAME Cooksey, Scott A.	
STREET ADDRESS 9172 BOCA GARDENS PKWY., STE. C		STREET ADDRESS 18232 104TH Terrace S.	
CITY-ST-ZIP BOCA RATON FL 33496-3710		CITY-ST-ZIP Boca Raton, Florida 33496	
TITLE VT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MILLER, BRIAN		NAME	
STREET ADDRESS 1410 WEST PERRY ST.		STREET ADDRESS	
CITY-ST-ZIP LANTANA FL 33462		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE 3-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR