## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94141

Entity Name: SLUG-A-BUG, INC.

FILED Jan 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2091 N HARBOR CITY BLVD MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 2091 N HARBOR CITY BLVD 2091 N HARBOR CITY BLVD MELBOURNE, FL 32935 MELBOURNE, FL 32935 US FEI Number: 59-2265727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, MICHAEL S 2091 N HARBOR CITY BLVD MELBOURNE, FL 32935 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition LUM, STEVEN T Name: Name: 2091 N HARBOR CITY BLVD Address: Address: City-St-Zip: MELBOURNE, FL 32935 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCOTT, MICHAEL S Name: 2091 N HARBOR CITY BLVD Address: Address: MELBOURNE, FL 32935 City-St-Zip: City-St-Zip: Title: Title: VS ( ) Delete () Change () Addition VELIE, DALE W Name: Name: 2091 N HARBOR CITY BLVD Address: Address: MELBOURNE, FL 32935 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition STIVERS, JIMMY Name: Name: Address: 9150 S TROPICAL TRL Address: City-St-Zip: MERRITT ISLAND, FL 32952 US City-St-Zip: Title: Title: () Delete () Change () Addition GOLDGLANTZ, HARVEY Name: Name: 632 CHELTON HILLS DR Address: Address: City-St-Zip: ELKINS PARK, PA 19025 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FISHER, BRIAN Name: 2401 W EAU GALLIE BLVD #1 Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SCOTT VP 01/15/2008