

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # J30972

1. Entity Name
PUG'S CO., INC.



Principal Place of Business
**200 SOUTH ORANGE
SARASOTA, FL 34236**

Mailing Address
**% W.T. HARRISON, JR
200 SOUTH ORANGE AVE
SARASOTA, FL 34236**

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2717770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, WILLIAM T., JR.
200 SOUTH ORANGE
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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 W

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRISON, WILLIAM T., JR
STREET ADDRESS	1610 N LODGE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	DS
NAME	HARRISON, ADELINE
STREET ADDRESS	1610 N. LODGE DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	DT
NAME	HARRISON, III, WILLIAM T
STREET ADDRESS	4920 NEW PROVIDENCE AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	DVP
NAME	HENDRICK, SUSAN H.
STREET ADDRESS	8422 CRESCO LANE
CITY-ST-ZIP	INVERNESS, FL
TITLE	DVP
NAME	HARRISON, ROBERT
STREET ADDRESS	825 TAMiami TRAIL SOUTH STE 2
CITY-ST-ZIP	VENICE, FL
TITLE	DVP
NAME	HARRISON, NANCY C.
STREET ADDRESS	2736 KENMORE RD.
CITY-ST-ZIP	RICHMOND, VA 23225

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03/04/05-80025-002 150.00

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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: William T. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-05