

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90152 004 \*\*\*150.00

1400111



01272005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L23890</b>					
1. Entity Name TRAVEL BUG, INC.					
Principal Place of Business P.O. BOX 2102 COCONUT GROVE, FL 33233			Mailing Address P.O. BOX 2102 COCONUT GROVE, FL 33233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0158568	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PATTERSON-BOLES, JANICE 1600 PULLEN ROAD 16 - H TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name JANICE PATTERSON BOLES Street Address (P.O. Box Number is Not Acceptable) 3717 Wicklow Circle City TALLAHASSEE FL Zip Code 32309		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH/T BOLES, EDWIN VAULX 1600 PULLEN ROAD A6-H TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH/T EDWIN VAULX BOLES 3717 Wicklow Circle Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTERSON-BOLES, JANICE 1600 PULLEN ROAD 16-H TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANICE PATTERSON BOLES 3717 Wicklow Circle TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fees empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/6/05 305 443 4356 Date Daytime Phone #		