

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 046 ***150.00

DOCUMENT # L23890

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 - No P.O. Box #

4815 HEATHE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip **32309**

Country **LEON**

Zip

Country

03222008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0158568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, JANICE P
3717 WICKLOW CIRCLE
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4815 HEATHE DRIVE

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CH/T** ☐ Delete
NAME **BOLES, EDWIN VAULX**
STREET ADDRESS **3717 WICKLOW CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **P** ☐ Delete
NAME **PATTERSON-BOLES, JANICE**
STREET ADDRESS **3717 WICKLOW CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **EDWIN VAULX BOLES**
STREET ADDRESS **4815 HEATHE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☒ Change ☐ Addition
NAME **JANICE PATTERSON-BOLES**
STREET ADDRESS **4815 HEATHE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 850 668 0552

Date

Daytime Phone #