


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M90663</b><br>1. Entity Name<br><b>O'D BUG, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>2081 LOMA LINDA WAY N<br/>CLEARWATER FL 33763<br/>US</b> | Mailing Address<br><b>2081 LOMA LINDA WAY N<br/>CLEARWATER FL 33763<br/>US</b> |
|--|--|



|   |                                   |     |
|---|-----------------------------------|-----|
| 2. Principal Place of Business<br><i>Same</i> | 3. Mailing Address<br><i>Same</i> |     |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc.               |     |
| City & State                                  | City & State                      |     |
| Zip   | Country                           | Zip |
| Country                                       | Country                           |     |

1st MOORE CR2E034 (10/05)

|   |   |
|---|---|
| 4. FEI Number <b>59-2901870</b>   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>GRIFFIN, LINDA S.<br/>1455 COURT STREET<br/>CLEARWATER FL 34616</b> | 7. Name and Address of New Registered Agent<br>Name <i>Same</i><br>Street Address (P O. Box Number is Not Acceptable)<br><br>City _____ <b>FL</b> Zip Code _____ |
|---|--|

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, 2006 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

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | O'DONNELL, THOMAS J.              | NAME  |   |
| STREET ADDRESS             | 2081 LOMA LINDA WAY N.            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | CLEARWATER FL                     | CITY-ST-ZIP   | U00000554455<br>05/15/06-80093-008 150.00                         |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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: *Thomas J. O'Donnell* *Thomas J. O'Donnell* *4/24/06* *727-448-8190*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #