

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000012769



1. Entity Name
JUNEBUG FOUNDATION, INC.

Principal Place of Business
232 S DILLARD ST SUITE 201
WINTER GARDEN, FL 34787

Mailing Address
232 S DILLARD ST SUITE 201
WINTER GARDEN, FL 34787

2. Principal Place of Business

3. Mailing Address
P.O. Box 770609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINTER GARDEN, FL

Zip

Zip
34777

Country

6. Name and Address of Current Registered Agent

SHARP, DUDLEY Q JR.
369 N NEW YORK AVE THIRD FLOOR
WINTER PARK, FL 32789

Name

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

City

FL Zip Code

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number
30-3977622

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNE, ROHLAND A II 232 S DILLARD ST SUITE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P.O. Box 770609 WINTER GARDEN, FL 34777-0609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNE, JAMIE L 232 S DILLARD ST SUITE 201 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P.O. Box 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, JAMES R 369 N NEW YORK AVE 3RD FLOOR WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 617, 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.

Rohland June
Director

4/24/06 407-905-8180

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #