

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002666

FILED
Aug 29, 2005
Secretary of State

Entity Name: FLORIDA BUG JAM, INC.

Current Principal Place of Business:

12309 US 41
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

12309 US 41
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 59-3456048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRUMLEY, JEAN
12309 US 41
SPRING HILL, FL 34610 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROCHOLSKI, JERRY
Address: PO BOX 9696
City-St-Zip: TAMPA, FL 33674 US

Title: SD () Delete
Name: JOHNSON, BONNIE
Address: PO BOX 13345
City-St-Zip: TAMPA, FL 33681

Title: VD () Delete
Name: HANSON, JOHN
Address: 1362 DAVIS RD
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: BRUMLEY, JEAN
Address: 12309 US 41
City-St-Zip: SPRING HILL, FL 34610

Title: TD () Delete
Name: WRIGHT, CLAUDIA
Address: 10111 N MITCHELL AVE
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BRUMLEY, ALLAN
Address: 12309 US 41
City-St-Zip: SPRING HILL, FL 34610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN BRUMLEY

TD

08/29/2005

Electronic Signature of Signing Officer or Director

_____ Date