2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002666

WRIGHT, CLAUDIA

LUTZ, FL 33549

1512 BONNIEBROOK DR

Name:

Address: City-St-Zip: FILED Jul 08, 2008 Secretary of State

Entity Nar	ne: FLORIDA BUG JAM, INC.			
Current Principal Place of Business:		New Principal P	lace of Business:	
12309 US 4 SPRING H	41 ILL, FL 34610			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
12309 US 4 SPRING H	41 ILL, FL 34610			
	59-3456048 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did n Address of Current Registered Agent:) Certificate of Status Desired (X)	
BRUMLEY 12309 US 4 SPRING H				
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	··			
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete GROCHOLSKI, JERRY PO BOX 48764 TAMPA, FL 33647 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete BROWNING, JENNIFFER 16205 14TH ST DADE CITY, FL 33523 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BRUMLEY, ALLAN 12309 US 41 SPRING HILL, FL 34610 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete BRUMLEY, JEAN 12309 US 41 SPRING HILL, FL 34610	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEAN BRUMLEY T/D 07/08/2008