

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000045831

Entity Name: BUG OUT PRO, INC.

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6240 W. FALCON LEA DR.  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

6240 W. FALCON LEA DR.  
DAVIE, FL 33331

**New Mailing Address:**

P.O. BOX 290642  
FT LAUDERDALE, FL 33329

FEI Number: 65-1007752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLIGAN, TODD R  
6240 W. FALCON LEA DR.  
DAVIE, FL 33331 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLLIGAN, TODD R  
Address: 6240 W. FALCON LEA DR.  
City-St-Zip: DAVIE, FL 33331

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD COLLIGAN

OWNE

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date