
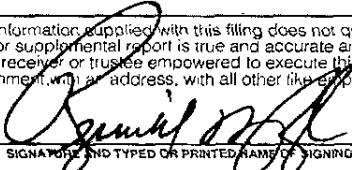


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000103099</b>					
1. Entity Name PUGH PROPERTIES, INC.					
Principal Place of Business 151 MARY ESTHER BLVD #304 MARY ESTHER, FL 32569			Mailing Address PO BOX 616 MARY ESTHER, FL 32569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt # etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 59-3681316	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PUGH, REGINALD N 2225 CALLE-DE-CASTELAR NAVARRE, FL 32566			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 certifying)					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUGH, JOSEPH W		NAME		
STREET ADDRESS	2405 PANHANDLE DR.		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	1100000378180 <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUGH, REGINALD N		NAME	09/12/05-80002-001	550.00
STREET ADDRESS	2225 CALLE-DE-CASTELAR		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAHMES, MATTHEW S		NAME		
STREET ADDRESS	2201 CALLE DE CASTELAR		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUGH, SAMUEL N		NAME		
STREET ADDRESS	137 DEVILLE		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		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 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 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: 		Reginald N. Pugh		8-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 850-243-5000	