

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097917

Entity Name: PUGH INTERNATIONAL, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

P O BOX 238
PINETTA, FL 32350

New Principal Place of Business:

Current Mailing Address:

P O BOX 238
PINETTA, FL 32350

New Mailing Address:

FEI Number: 31-1634366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUGH, BOBBY D
RT #3, BOX 488
MADISON, FL 32340 US

Name and Address of New Registered Agent:

PUGH, BOBBY D
1458 NE POST ROAD
MADISON, FL 32340 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:

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PUGH, BOBBY D
Address: P O BOX 238
City-St-Zip: PINETTA, FL 32350

Title: DST () Delete
Name: PUGH, BOBBY A
Address: P O BOX 238
City-St-Zip: PINETTA, FL 32350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PUGH, BOBBY D
Address: P O BOX 238
City-St-Zip: PINETTA, FL 32350

Title: VP (X) Change () Addition
Name: PUGH, BOBBY A
Address: P O BOX 238
City-St-Zip: PINETTA, FL 32350

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

SIGNATURE: BOBBY D PUGH

PD

01/12/2004

Electronic Signature of Signing Officer or Director

Date