

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90022 048 ***150.00

DOCUMENT # P03000076970

1. Entity Name
JD THE BUG MAN, INC.



Principal Place of Business
2800 PLACIDA ROAD
SUITE 116A
ENGLEWOOD, FL 34223

Mailing Address
12808 FORESMAN BOULEVARD
PORT CHARLOTTE, FL 33981

54020103



2. Principal Place of Business

3. Mailing Address
2800 Placida Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
116-A.

03042004 Chg-P CR2E034 (10/03)

City & State

City & State
ENGLEWOOD, FL.

4. FEI Number
65-1195486

Applied For
Not Applicable

Zip

Country

Zip
34224

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIRKX, JEFF
12808 FORESMAN BOULEVARD
PORT CHARLOTTE, FL 33981

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
DIRKX, JEFF
12808 FORESMAN BLVD.
PORT CHARLOTTE, FL 33981 ☐ Delete

TITLE
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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: Jeff Dirks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

Daytime Phone #