2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT				May 02, 2008 08:0			
DOCUMENT # P0300096426 1. Entity Name LADY BUG ENTERPRISE, INC.				Secretary of St			
353 WILLOWBAY RIDGE STREET		Mailing Address 353 WILLOWBAY RIDGE STREET SANFORD, FL 32771 US		4 1881/1881 /	BB BB BB	(9 414 (6 (4 40) 8(4	
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D	O NOT WRITE	IN THIS SPAC	CE	04022008	No Chg-P	CR2E034 (11/05)
			*	20-019			Not Applicable 75 Additional Required
	6. Name and Address of Current Re	gistered Agent		<u> </u>		,	
MOBLEY, KAYLIA G 353 WILLOWBAY RIDGE STREET SANFORD, FL 32771			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	bite of applicable. (NOTE Registered 9. Election Campaign Finan	Agent signature required		y, in the State of Fic	DATE	ar with, and accept
							p 25
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI P MOBLEY, KAYLIA G 353 WILLOWBAY RIDGE STREET SANFORD, FL 32771 P MOBLEY, HILTON				U0000 05/29/08	0944443 -80100-01	0 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME	353 WILLOWBAY RIDGE STREET SANFORD, FL 32771			193 0-11	م الله المسلم الله الله الله الله الله الله الله ال	· •• •• •• •• •• •• •• •• •• •• •• •• ••	
STREET ADDRESS CITY-ST-ZIP					NOT W	٠.	
NAME STREET ADDRESS CITY-ST-ZIP			,	IN	THIS SP	AUE	4
TITLE NAME STREET ADORESS CITY-ST-ZIP						,	
TITLE						* 2	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Daylime Phi