## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P03000134085 1. Entity Name 04-06-2006 90019 002 \*\*\*150.00 BUB'S RUG'S, INC. Principal Place of Business Mailing Address 6770 MAUNA LOA BLVD SARASOTA FL 34241 US 6770 MAUNA LOA BLVD SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 4134 west minster 4134 west minster do Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0403030 595450ta Sarasota Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3414 34241 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stergos beorge STERGOS, STERGOS G JR. Street Address (P.O. Box Number is Not Acceptable) 6770 MAUNA LOA BLVD SARASOTA FL 34241 4134 westminster dr Zip Code 34241 Sarasota 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. Stemos FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. westminster dr TITLE DP Delete TITLE Addition STERGOS, STERGOS GUR Sarasota FL 34241 NAME NAME STREET ADDRESS 6770 MAUNA LOA BLVD STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE HILE ☐ Change ☐ Addition NAME MCKITTRICK, BRIAN NAME STREET ADDRESS 664 N JEFFERSON STREET ADDRESS SARASOTA FL 34297 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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