

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90040 009 \*\*\*150.00

<b>DOCUMENT # P03000157013</b>																																																																																																																																			
<b>1. Entity Name</b> THE BUG SMITH, INC.																																																																																																																																			
<b>Principal Place of Business</b> 1073 CHELSEA PARC DRIVE MINNEOLA, FL 34715			<b>Mailing Address</b> P O BOX 1609 MINNEOLA, FL 34755																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 154 Prairie Falcon Dr.		<b>3. Mailing Address</b> Suite, Apt. #, etc.																																																																																																																																	
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<b>City &amp; State</b> Groveland, FL 34736		<b>City &amp; State</b> Lake		<b>4. FEI Number</b> 45-0531530																																																																																																																															
Zip 34736		Country Lake		Applied For Not Applicable																																																																																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> SMITH, ARTHUR G 1073 CHELSEA PARC DRIVE MINNEOLA, FL 34715			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 154 Prairie Falcon Dr./. City Groveland FL Zip Code 34736																																																																																																																																
<b>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.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b> <u>Patricia A. Smith</u> <u>4/5/08</u> <u>352-636-8098</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			