

2005 FOR PROFIT CORPORATION ANNUAL REPORT

08-17-2005 90004 017 ***150.00
FILED 08/00025249
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000025249

1. Entity Name
NIGHTMARE ON BUG STREET, INC.



Principal Place of Business
PO BOX 39-0485
DELTONA, FL 32739

Mailing Address
PO BOX 39-0485
DELTONA, FL 32739

2. Principal Place of Business
PO Box 4055

3. Mailing Address
PO Box 4055

Suite, Apt. #, etc.
7000 Aloma Ave

Suite, Apt. #, etc.

City & State
Winter PK FL

City & State
Winter PK FL 32793

Zip
32792

Country
US

Zip
32793

Country
US

4. FEI Number ☒ Applied For
Not Applicable

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

GAUSTAD, LINDA L ESQUIRE
815-S VOLUSIA AVE STE 1
ORANGE CITY, FL 32763

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 rehashing) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	D MUSCATO, EDWARD PO BOX 39-0485 DELTONA, FL 32739	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUSCATO, ELYSE PO BOX 39-0485 DELTONA, FL 32739	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #