

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90182 043 ***150.00

DOCUMENT # P04000027865			
1. Entity Name DAVID B. PUGH, INC.			
Principal Place of Business 27144 DAY FLOWER BLVD ZEPHYRHILLS, FL 33544		Mailing Address 27144 DAY FLOWER BLVD ZEPHYRHILLS, FL 33544	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
H.B. ROSS & CO. 5243 GALT BLVD SUITE 4 ZEPHYRHILLS, FL 33542		Name: <u>David Pugh</u> Street Address (P.O. Box Number is Not Acceptable): <u>27144 Day Flower Blvd</u> City: <u>Zephyrhills</u> FL Zip Code: <u>33544</u>	
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: <u>David Pugh</u>		DATE: <u>3-15-07</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, DAVID B	NAME	
STREET ADDRESS	27144 DAY FLOWER BLVD	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, HEIDI M	NAME	
STREET ADDRESS	27144 DAY FLOWER BLVD	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>David Pugh</u>		DATE: <u>3-15-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND DAYTIME PHONE # <u>213 205 0119</u>	

40082141



03152007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0719306 Applied For Not Applicable

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