

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069197

Entity Name: JUGS ADVENTURES, INC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

259 BAYWINDS DRIVE
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

259 BAYWINDS DRIVE
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-1102722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C
4475 LEGENDARY DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, PAM
Address: 4422 HUCKLEBERRY LANE
City-St-Zip: PANAMA CITY, FL 32409 US

Title: VP () Delete
Name: KNOWLES, JOANN
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: S () Delete
Name: KELLY, JONI
Address: 322 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: HOUSTON, KATHY
Address: 2115 HONEYSUCKLE DRIVE
City-St-Zip: PANAMA CITY, FL 32404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN KNOWLES

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date