

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118872

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** THIS BUGGS YOU ENTERPRISE, INC.

**Current Principal Place of Business:**

132 VIVIAN DRIVE  
HOLLISTER, FL 32147 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 759  
HOLLISTER, FL 321470759 US

**New Mailing Address:**

**FEI Number:** 20-5544764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUNK, RICHARD J JR.  
132 VIVIAN DRIVE  
HOLLISTER, FL 32147 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P. ( ) Delete  
Name: FUNK, RICHARD J JR.  
Address: P O BOX 759  
City-St-Zip: HOLLISTER, FL 321470759 US

Title: SEC ( ) Delete  
Name: FUNK, MICHELLE  
Address: P O BOX 759  
City-St-Zip: HOLLISTER, FL 321470759 US

Title: TREA ( ) Delete  
Name: FUNK, MICHELLE  
Address: P O BOX 759  
City-St-Zip: HOLLISTER, FL 321470759 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** RICHARD J FUNK JR

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date