

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 JUN -2 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09000070779**

1. Entity Name

TRE BUGZ, INC



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2. Principal Place of Business - No P.O. Box #

3834 HWY 98

Suite, Apt. #, etc.
Unit 3

3. Mailing Address

35 Carolyn Ln

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Santa Rosa Beach, FL

City & State
Santa Rosa Beach, FL

4. FEI Number

82-0289575

Applied For

Not Applicable

Zip
32459

Country
USA

Zip
32459

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name **Kimberly P. Kelley**

Street Address (P.O. Box Number is Not Acceptable)

35 Carolyn Ln

City **Santa Rosa Beach**

FL

Zip Code **32459**

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 re-installing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

Kim.Kelley@ymail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Kimberly P. Kelley
35 Carolyn Ln
Santa Rosa Beach, FL 32459**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Kimberly P. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/31/2011 (850) 267-2849

6/2/2011