

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P95000096104

1. Entity Name
SUNBUG, INC.



Principal Place of Business
**141 VENICE AVENUE WEST
VENICE, FL 34285**

Mailing Address
**141 VENICE AVENUE WEST
VENICE, FL 34285**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637011	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**WILSON, DAVID M
141 VENICE AVENUE WEST
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

1000000001500

04/03/08-80015-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, DAVID M
STREET ADDRESS	2069 TOCABAGA LANE
CITY-ST-ZIP	NOKOMIS, FL

TITLE	ST
NAME	WILSON, SANDRA J
STREET ADDRESS	2069 TOCABAGA LANE
CITY-ST-ZIP	NOKOMIS, FL

TITLE	D
NAME	WILSON, KYLE D
STREET ADDRESS	2069 TOCABAGA LANE
CITY-ST-ZIP	NOKOMIS, FL 34275

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *David M Wilson* **DAVID M. WILSON** 3-12-08 941-485-7946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #