2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Jan 22, 2008 08:0			
DOCUMENT # P98000044882 1. Entity Name PUGH ENTERPRISES, INC.				:	, S	ecretary	y
Principal Place 5808 CHISM MILTON, FL		Mailing Address 5808 CHISM TRAIL MILTON, FL 32570		1 1981112011		81 8 84 3 85 848	100001 11 1001
DO NOT WRITE IN THIS SPACE			CE	01082008 No Chg-P CR2E034 (11/05) 4. FEI Number			
	,		· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired	Fee Requir	
6. Name and Address of Current Registered Agent PUGH, JERRY 5808 CHISM TRAIL MILTON, FL 32570					NOT WE		
the obligat	e named entity submits this statement for the tions of registered agent. Tevry Push Signature types or printed name of registered agent and LE NOWIII FEE IS \$150.00	Dony Ouch	ed Agent signature required			da. I am familier with	, and accept
After M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	. LJ Add	ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, JERRY 5808 CHISM TRAIL MILTON, FL 32570	RECTORS			£00000 01/23/08~(790831 80049-010 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1		NOT WE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME				,			4

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:

STREET ADDRESS | CITY-ST-ZIP

SIGNATURE AND TO ED OF PRINTED NAME OF SIGNING OFFICER OR OFFICE OR OF PRINTED NAME OF SIGNING OFFICER OR OFFICE OR

Date Daytime Phone #