

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90417 024 ***158.75

DOCUMENT # P99000053913

1. Entity Name
THE BUG HOUSE, INC.

Principal Place of Business 1019 SHADICK DR. ORANGE CITY, FL 32763	Mailing Address PO BOX 740277 ORANGE CITY, FL 32774
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2. Principal Place of Business 1280 BISCAYNE BLVD.	3. Mailing Address 1280 BISCAYNE BLVD
Suite, Apt. #, etc. UNIT #2	Suite, Apt. #, etc. UNIT #2
City & State DELAND, FLORIDA	City & State DELAND, FLORIDA
Zip 32724	Zip 32724
Country VOLUSIA	Country VOLUSIA

04172004 Chg-P CR2E034 (10/03)



4. FEI Number 59-3582621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PALERMO, JODY P 685 EAST VASSAR ROAD DELAND, FL 32724

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 **Jody P. Palermo** **Jody P. Palermo / PRES 4/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALERMO, JODY P 685 EAST VASSAR ROAD DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Jody P. Palermo / PRES Jody P. Palermo** **4/15/04 (386) 734-2659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #