


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90224 017 ***150.00
P99000053913

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|---|---|--|---|--|--|
| DOCUMENT # P99000053913 1. Entity Name THE BUG HOUSE, INC. | | | |  | |
| Principal Place of Business 1280 BISCAYNE BLVD UNIT #2 DELAND, FL 32724 | | | Mailing Address 1280 BISCAYNE BLVD UNIT #2 DELAND, FL 32724 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3582621 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PALERMO, JODY P 685 EAST VASSAR ROAD DELAND, FL 32724 | | | | Name PALERMO, Jody P Street Address (P.O. Box Number is Not Acceptable) 1280 BISCAYNE BLVD-UNIT #2 City DELAND FL Zip Code 32724 | |
| 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: <u><i>Jody P. Palermo - Pres.</i></u> DATE: <u>6/30/05</u> <small>Signature is required printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 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 checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PALERMO, Jody P 1280 BISCAYNE BLVD-UNIT #2 DELAND, FLA 32724 <input checked="" 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: <u><i>Jody P. Palermo - Pres.</i></u> DATE: <u>6/30/05 (386) 747-7462</u> <small>Signature and typed or printed name of signing officer or director</small> | | | | | |

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FALL 2005



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