

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94141

**Entity Name:** SLUG-A-BUG, INC.**Current Principal Place of Business:**2091 N HARBOR CITY BLVD  
MELBOURNE, FL 32935**Current Mailing Address:**2091 N HARBOR CITY BLVD  
MELBOURNE, FL 32935**FEI Number:** 59-2265727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, MICHAEL S  
2091 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	LUM, STEVEN T
Address	2091 N HARBOR CITY BLVD
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	STIVERS, JIMMY
Address	9150 S TROPICAL TRL
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	FISHER, BRIAN
Address	2401 W EAU GALLIE BLVD #1
City-State-Zip:	MELBOURNE FL 32935

Title	VTs
Name	SCOTT, MICHAEL S
Address	2091 N HARBOR CITY BLVD
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	GOLDGLANTZ, HARVEY
Address	632 CHELTON HILLS DR
City-State-Zip:	ELKINS PARK PA 19025

Title	D
Name	ROBINSON, AMY
Address	2904 S DALE CT
City-State-Zip:	BLOOMINGTON IN 47401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL S SCOTT****VP****01/29/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date