


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90048 021 \*\*\*150.00

**DOCUMENT # 218784**

1. Entity Name  
**BAGWELL LUMBER CO OF AVON PARK INC**



Principal Place of Business <b>GARY L BAGWELL          309 WEST PLEASANT ST          AVON PARK, FL 33825</b>	Mailing Address <b>GARY L. BAGWELL          PO BOX 1116          AVON PARK, FL 33826</b>
---	---

**DO NOT WRITE IN THIS SPACE**

40000000



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0811709</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAGWELL, GARY  
 333 SOUTH MARION ROAD  
 AVON PARK, FL 33825**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAGWELL, GARY L. 333 S. MARION RD. AVON PARK, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BAGWELL, ELIZABETH 333 S MARION RD AVON PARK, FL</b>
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:** Gary L Bagwell **GARY L BAGWELL** 2/22/07 863-453-3168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #