

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 015 ***158.75

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1. Entity Name
BAGELAND, INCORPORATED



Principal Place of Business

2441 N.W. 43RD ST
UNIT 6-E
GAINESVILLE, FL 32606

Mailing Address

2441 N.W. 43RD ST
UNIT 6-E
GAINESVILLE, FL 32606

40038212



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1626136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PHIMON, THAO J
3701 N.W. 22ND PLACE
GAINESVILLE, FL 32605

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P
NAME	PHIMON, THAO J
STREET ADDRESS	3701 N.W. 22ND PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	VP
NAME	PHIMON, DEBBIE
STREET ADDRESS	3701 N.W. 22ND PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	ST
NAME	MALAY, PHIMON
STREET ADDRESS	3701 N.W. 22ND PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEBBIE DUNG PHIMON

3-15-07