

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 550164

1. Entity Name
BAGGETT BROTHERS FARM, INC.



Principal Place of Business
**26725 NE BILL BAGGETT RD
ALTA, FL 32421**

Mailing Address
**26725 NE BILL BAGGETT RD
ALTA, FL 32421**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1783555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAGGETT, MAE
26725 NE BILL BAGGETT RD
ALTA, FL 32421**

**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, 2006 Fee will be \$550.00**

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

1100000379452
01/10/06-80021-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAGGETT, BOBBY 27640 NE CR 275 ALTA, FL 32421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BAGGETT, BILLY 26725 NE BILL BAGGETT RD ALTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BAGGETT, L.N. 25251 NE JODY FIELD RD ALTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BAGGETT, MAE 26725 NE BILL BAGGETT RD ALTA, FL
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: *Mae Baggett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06
Date

850-762-3963
Daytime Phone #