

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 550164 1. Entity Name BAGGETT BROTHERS FARM, INC.	
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Principal Place of Business 26725 NE BILL BAGGETT RD ALTHA, FL 32421	Mailing Address 26725 NE BILL BAGGETT RD ALTHA, FL 32421
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1783555	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAGGETT, MAE 26725 NE BILL BAGGETT RD ALTHA, 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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGGETT, BOBBY 27640 NE CR 275 ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAGGETT, BILLY 26725 NE BILL BAGGETT RD ALTHA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAGGETT, L.N. 25251 NE JODY FIELD RD ALTHA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAGGETT, MAE 26725 NE BILL BAGGETT RD ALTHA, 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: <u>Mac Baggett</u> <u>Mac Baggett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/9/08</u> Day	<u>850-762-3963</u> Daytime Phone #
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