2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 677996

1. Entity Name
THE BAGGY BUNNY, INC.

Principal Place of Business	Mailing Address
6170 NORTH A1A PO BOX 8272 INDIAN RIVER SHORES, FL 32963	6170 N A-1A VERO BCH, FL 32963 US

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2011242	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CLEMENTS, MARCIA B.
6170 NORTH A1A
INDIAN RIVER SHORES, FL 32963

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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	U00000407387 02/08/06-80016-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CLEMENTS, MARCIA B
STREET ADDRESS	5540 N HARBOR VILLAGE DR #202
CITY-ST-ZIP	VERO BEACH, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _M. Clements_   1/27/06   772 231-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #