2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2007 08:00 AM **DOCUMENT # H14177 Secretary of State** 1. Entity Name BAGS BY TYLER, INC. Principal Place of Business Mailing Address 700-39 EAST UNION ST 3-B % KENNETH E NORTON JACKSONVILLE, FL 32206 US 5448 SELTON AVE. JACKSONVILLE, FL 32277 US 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2458586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NORTON, KENNETH E. DO NOT WRITE **5448 SELTON AVENUE** JACKSONVILLE, FL 32211 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 little if applicable. (NOTE: Registered Agent signature required when remataling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE MAN. NORTON, KENNETH E. STREET ADDRESS **5448 SELTON AVENUE** CTY-SI-ZP JACKSONVILLE, FL DT NORTON, CARRIE I. MALE STREET ADDRESS 5448 SELTON AVE. CITY-ST-ZP JACKSONVILLE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-70P TITLE

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 attachroent with an address, with all other like empowered.

SIGNATURE:

NAME STREET ANDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carnicated to Account

1/5/07 904-353-3333

Daytime Phone #

FILED