#### **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

### **DOCUMENT # K54202**

1. Entity Name

BABS INVESTMENTS, INC.



Principal Place of Business

Mailing Address

111 SOUTH MAITLAND AVE SUITE 100 MAITLAND, FL 32751

111 SOUTH MAITLAND AVE SUITE 100 MAITLAND, FL 32751

# **FILED** Mar 20, 2007 8:00 am Secretary of State

03-20-2007 90014 019 \*\*\*150.00



### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03132007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
E0 2024	1440			

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

PANICO, JAMES P 111 SOUTH MAITLAND AVE MAITLAND, FL 32751

## 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		Election Campaign Financi     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICO, JAMES P. 111 SOUTH MAITLAND AVE MAITLAND, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby 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: