

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90040 017 \*\*\*\*70.00

<b>DOCUMENT # N06000010401</b> 1. Entity Name <b>BAGGY PANTS THEATER INC.</b>					
Principal Place of Business <b>3027 NEEDLES DRIVE ORLANDO, FL 32810</b>			Mailing Address <b>3027 NEEDLES DRIVE ORLANDO, FL 32810</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HALPIN, STEPHEN J 3027 NEEDLES DRIVE ORLANDO, FL 32810</b>			7. Name and Address of New Registered Agent Name <b>Willis B. Chico JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2251 Black Hammock RD.</b> City <b>Orlando</b> FL Zip Code <b>32765</b>		
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 <u><i>Willis B. Chico</i></u> <b>Chief Financial Officer</b> DATE <u><i>1/19/07</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALPIN, STEPHEN J 3027 NEEDLES DRIVE ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, HUNTER 3027 NEEDLES DRIVE ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHICO, WILLIS B. JR. 2251 Black Hammock RD. Orlando, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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><i>Willis B. Chico</i></u>		DATE: <u><i>1/19/07</i></u>		TELEPHONE: <u><i>407-928-6059</i></u>	