## 2006 FOR PROFIT CORPORATION

## **FILED**

'ANNUAL REPORT				Apr 26, 2006 08:00 AM		
DOCUMENT # P0000096505  1. Entity Name BAGGS' WHOLESALE CO., INC.					Secret	ary of State
				]		
608 REID ST		Mailing Address 608 REID ST PALATKA, FL 32177				
						# \$5  \$  \$6  \$
г	O NOT WRITE	IN THIS SPA	CE	03172006	No Chg-P	CR2E034 (11/05)
	o nor mane	II 11110 OI A	<b>-</b>	4. FEI Numb 59-367		Applied For Not Applicab
				5. Certificate	of Status Desired	\$8.75 Additional Fea Required
	6. Name and Address of Current Re	gistered Agent	<u> </u>			
BAGGS, LINDA JOY 608 REID ST PALATKA, FL 32177				DO NOT WRITE		
PALATKA,	,rL 321//	•		IN <sup>-</sup>	THIS SF	PACE
	a named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Fig	orida. I am lamiliar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and	tille if applicable (NOTE: Registere	d Agent signature required	(when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIF	RECTORS			·	
HILE NAME STREET ADDRESS	1					
CHTY-ST-ZIP	PALATKA, FL 32177 VPS		1		1100000 - 05708706	3535 <b>839</b> -80069 <b>-</b> 011 150.00
NAME STREET ADDRESS CITY-ST-ZIP	BAGGS, DORIS ANNA 608 REID STREET PALATKA, FL 32177	 1				00000 011 100100
TITLE	FRENINA, 1 C 32111					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS			 	IN	THIS SF	PACE
CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME			]			

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 807, 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.

STREET ADDRESS CITY-ST-ZIP