

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000001000

1. Entity Name  
THE BAG LADIES, INC.



**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
PMB 162  
2336 S.E. OCEAN BOULEVARD  
STUART, FL 34996

Mailing Address  
PMB 162  
2336 S.E. OCEAN BOULEVARD  
STUART, FL 34996



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1566484

Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

SIMMONS, KAREN  
PMB 162 2336 SE OCEAN BLVD  
STUART, FL 34996

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SIMMONS, KAREN  
PMB 162 2336 S.E. OCEAN BLVD.  
STUART, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
GUINN, CINDY  
2542 S.E. ST. LUCIE BLVD.  
STUART, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

*Karen Simmons* 3/14/05 215-2431  
(772)