

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001000

1. Entity Name  
THE BAG LADIES, INC.



**FILED**  
**Jul 17, 2008 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



07112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1566484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. 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.

U00000955508

07/17/08-80007-025 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

TITLE VSTD  
NAME GUINN, CINDY  
STREET ADDRESS 2542 S.E. ST. LUCIE BLVD.  
CITY-ST-ZIP 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 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: Karen Simmons Karen Simmons 7/14/08 772-215-2431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #