

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-03-2004 91218 021 ***150.00

DOCUMENT # P03000141345 1. Entity Name BAGGETT PAINTING, INC.					
Principal Place of Business 305 PEACHTREE CIRCLE SANTA ROSA BEACH FL 32459 US			Mailing Address 305 PEACHTREE CIRCLE SANTA ROSA BEACH FL 32459 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEL Number 20-0440338	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PKWY SUITE 301 DESTIN FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BAGGETT, JOEL S		☐ Delete		
STREET ADDRESS 305 PEACHTREE CIRCLE	CITY-ST-ZIP SANTA ROSA BEACH FL 32459		☐ Change ☐ Addition		
TITLE VP	NAME BAGGETT, SHARON M		☐ Delete		
STREET ADDRESS 305 PEACHTREE CIRCLE	CITY-ST-ZIP SANTA ROSA BEACH FL 32459		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
4/30/04 Date 850 837-1386 Daytime Phone #					