## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000042179

**B'S SAUCE CORPORATION** 



**FILED** Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

604 ST AUGUSITINE SOUTH DRIVE ST. AUGUSTINE, FL 32086

Mailing Address

604 ST AUGUSITINE SOUTH DRIVE ST. AUGUSTINE, FL 32086



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01052006 4. FEI Number Applied For 20-1109601 Not Applicable

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

6. Name and Address of Current Registered Agent

BAGLEY, PATRICIA F 604 ST AUGUSITINE SOUTH DRIVE ST. AUGUSTINE, FL 32086

## DO NOT WRITE IN THIS SPACE

No Cha-P

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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	d Agent signature required when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGLEY, MICHAEL O 604 ST AUGUSTINE SOUTH DRIVE ST. AUGUSTINE, FL 32086			U00000378478 01/03/06-80008-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BAGLEY, PATRICIA F 604 ST AUGUSTINE SOUTH DRIVE ST. AUGUSTINE, FL 32086			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N. C.	

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.