

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000018279

1. Entity Name
BAGBY, PEARSON & POWERS, INC.



Principal Place of Business
**4406 ENDICOTT PLACE
TAMPA, FL 33624 US**

Mailing Address
**4802 GUNN HWY
TAMPA, FL 33624 US**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2310596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, EDWARD A P.A.
1211 WEST FLETCHER AVE
TAMPA, FL 33612**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARSON, CHRISTOPHER
STREET ADDRESS	10312 CARROLL COVE PL
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	T
NAME	BAGBY, HEATHER
STREET ADDRESS	14208 ASHBURN PL
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	CEO
NAME	POWERS, JOANNE
STREET ADDRESS	4406 ENDICOTT PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	S
NAME	PEARSON, MARY LYNN
STREET ADDRESS	10312 CARROLL COVE PL
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80011-019 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanne Powers *Joanne Powers* 4/9/07 813-