

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000018279</b>	
1. Entity Name <b>BAGBY, PEARSON &amp; POWERS, INC.</b>	
Principal Place of Business <b>4406 ENDICOTT PLACE TAMPA, FL 33624 US</b>	Mailing Address <b>4802 GUNN HWY TAMPA, FL 33624 US</b>



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2310596</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000857551  
04/01/08-80008-022 150.00

**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	

**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: Joanne Powers Joanne Powers 3/10/08 813-8  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #