2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# P05000018279

Entity Name: BAGBY, PEARSON & POWERS, INC.

Current Principal Place of Business:

4406 ENDICOTT PLACE
TAMPA, FL 33624 US

New Principal Place of Business:

4802 GUNN HWY
SUITE # 144
TAMPA, FL 33624 US

Current Mailing Address:

4802 GUNN HWY
TAMPA, FL 33624 US

New Mailing Address:

4802 GUNN HWY
SUITE #144
TAMPA, FL 33624 US

FEI Number: 20-2310596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEARSON, CHRISTOPHER
Address: 10312 CARROLL COVE PL
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete
Name: BAGBY, HEATHER
Address: 14208 ASHBURN PL
City-St-Zip: TAMPA, FL 33624

Title: CEO ( ) Delete
Name: POWERS, JOANNE
Address: 4406 ENDICOTT PLACE
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete
Name: PEARSON, MARY LYNN
Address: 10312 CARROLL COVE PL
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE POWERS CEO 02/15/2009

Electronic Signature of Signing Officer or Director Date