

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90003 040 ***158.75

DOCUMENT # **P07000030308**

1. Entity Name

Baby-Bellies, Inc.



DO NOT WRITE IN THIS SPACE

40113811

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #

640 Woodley Rd

Suite, Apt. #, etc.

3. Mailing Address

640 Woodley Rd

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip **32751**

Country

U.S.A.

City & State

Maitland, FL

Zip **32751**

Country

U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Tina M. Watkins

Street Address (P.O. Box Number is Not Acceptable)

640 Woodley Rd

City

Maitland

FL

Zip Code

32751

**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

Tina M. Watkins

(NOTE: Registered Agent signature required when reinstating)

July 24, 2008

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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 on an attachment with an address, with a power of attorney.

SIGNATURE:

Tina M. Watkins

DATE

July 24, 2008

Daytime Phone #

**407-
332-8462**

ATTACHMENT

40113811

P07 060030308

* Sending this note per Lea - in your Tallahassee office - stating that I did not receive a notice and to please wave the late fee,

BABY - BELLYS, INC
640 WOODLEY ROAD

MAITLAND FL 32751

Thank you,
Tina Watkins

Request taken by: Iivers
07-09-2008

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314