

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000054206

Entity Name: THE ORIGINAL POCKETBAG, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

93 JOHN SIMS PARKWAY EAST
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

93 JOHN SIMS PARKWAY EAST
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 59-3335223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BERT
102 BAYSHORE DRIVE
NICEVILLE, FL 32578 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: PD () Delete
Name: FOWLER, COLLEEN C
Address: 93 JOHN SIMS PARKWAY EAST
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: FOWLER, DENNIS R JR.
Address: 93 JOHN SIMS PARKWAY EAST
City-St-Zip: NICEVILLE, FL 32578

Title: STD () Delete
Name: FOWLER, DENNIS R SR.
Address: 93 JOHN SIMS PARKWAY EAST
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: FOWLER, AUDREY L
Address: 93 JOHN SIMS PARKWAY EAST
City-St-Zip: NICEVILLE, FL 32578

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 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: DENNIS R. FOWLER, SR.

STD

04/25/2006

Electronic Signature of Signing Officer or Director

Date