

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000081885

1. Entity Name  
BAG SERVICES, INC.



Principal Place of Business  
8314 W HIAWATHA ST  
TAMPA, FL 33615

Mailing Address  
8314 W HIAWATHA ST  
TAMPA, FL 33615

**DO NOT WRITE IN THIS SPACE**

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3345461	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENSEN, DAVID C  
8314 W HIAWATHA ST  
TAMPA, FL 33615

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JENSEN, DAVID C  
STREET ADDRESS 8314 W HIAWATHA ST  
CITY-ST-ZIP TAMPA, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000510382  
04/29/06-80006-007 150.00

**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: *David C. Jensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/06 813-884-7321

Date

Daytime Phone #