

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005270

FILED
May 10, 2005
Secretary of State

Entity Name: BAGGETT INSURANCE AND ASSOCIATES, P.A.

Current Principal Place of Business:

5150 SOUTH FLORIDA AVE., STE 106
LAKELAND, FL 33813 US

New Principal Place of Business:

5325 SHEPHERD RD
LAKELAND, FL 33811 US

Current Mailing Address:

6314 HATCHER RD
LAKELAND, FL 33811 US

New Mailing Address:

5325 SHEPHERD RD
LAKELAND, FL 33811 US

FEI Number: 59-3493149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGGETT, TIMOTHY E SR
6314 HATCHER RD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

BAGGETT, TIMOTHY E SR
5325 SHEPHERD RD
LAKELAND, FL 33811 US

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:

05/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAGGETT, TIMOTHY E SR
Address: 6314 HATCHER ROAD
City-St-Zip: LAKELAND, FL 33811

Title: ST () Delete
Name: BAGGETT, BARBRA J
Address: 6314 HATCHER ROAD
City-St-Zip: LAKELAND, FL 33811

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAGGETT, TIMOTHY E SR
Address: 5325 SHEPHERD RD
City-St-Zip: LAKELAND, FL 33811

Title: ST (X) Change () Addition
Name: BAGGETT, BARBRA J
Address: 5325 SHEPHERD RD
City-St-Zip: LAKELAND, FL 33811

Title: D () Change (X) Addition
Name: BOUWKAMP, JASON L
Address: 6314 HATCHER RD
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY E BAGGETT SR

P

05/10/2005

Electronic Signature of Signing Officer or Director

Date