

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90066 034 \*\*\*150.00

**DOCUMENT # P99000057735**

1. Entity Name

BUGGYBAGG, INC.



Principal Place of Business

RT. 2 BOX 330  
LAKE CITY FL 32024

Mailing Address

RT. 2 BOX 330  
LAKE CITY FL 32024

2. Principal Place of Business

880 SW Sisters Welcome Rd.

Suite, Apt. #, etc.

Suite 101

City & State

Lake City, FL

Zip  
32025

Country  
USA

3. Mailing Address

880 SW Sisters Welcome Rd.

Suite, Apt. #, etc.

Suite 101

City & State

Lake City, FL

Zip  
32025

Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3636881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SHIRLEY W

RT. 2 BOX 330  
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

Michael Rogers Jr.

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

880 SW Sisters Welcome Road

Suite 101

City

Lake City

FL

Zip Code  
32025

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

*Mich. Rogers*

Treasurer

01-28-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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 P  
NAME ROGERS, SHIRLEY W ☐ Delete  
STREET ADDRESS RT 2 BOX 330  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ST  
NAME ROGERS, SHARLA M ☐ Delete  
STREET ADDRESS RT. 2 BOX 330  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition  
NAME Cole, Sharla M  
STREET ADDRESS 1004 Sifton Court  
CITY-ST-ZIP Jacksonville FL 32246-1859

TITLE Vice President Treasurer ☐ Change ☒ Addition  
NAME Michael C Rogers Jr.  
STREET ADDRESS Rt. 2 Box 328  
CITY-ST-ZIP Lake City FL 32024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Mich. Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-04

Date

386-758-5836

Daytime Phone #