

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT# P99000057735

1. Entity Name
BUGGYBAGG, INC.



Principal Place of Business
248 SW WEBBS GLEN
LAKE CITY, FL 32024

Mailing Address
248 SW WEBBS GLEN
LAKE CITY, FL 32024



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 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, MICHAEL JR.
876 SW BUCKLEY LANE
LAKE CITY, FL 32024

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | ROGERS, SHIRLEY W |
| STREET ADDRESS | 1203 SW COUNTY RD 349 |
| CITY-ST-ZIP | LAKE CITY, FL 32024 |

| | |
|----------------|------------------------|
| TITLE | VP |
| NAME | COLE, SHARLA M |
| STREET ADDRESS | 10014 SIFTON CT. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32246 |

| | |
|----------------|---------------------|
| TITLE | T |
| NAME | ROGERS, MICHAEL JR. |
| STREET ADDRESS | 876 SW BUCKLEY LANE |
| CITY-ST-ZIP | LAKE CITY, FL 32024 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C Rogers Jr. (Treasurer)
Michael C Rogers Jr. 01-05-07 386-758-5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #