


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000057735</b> 1. Entity Name <b>BUGGYBAGG, INC.</b>	
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Principal Place of Business <b>248 SW WEBBS GLEN LAKE CITY, FL 32024</b>	Mailing Address <b>248 SW WEBBS GLEN LAKE CITY, FL 32024</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3636881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>ROGERS, MICHAEL JR. 876 SW BUCKLEY LANE LAKE CITY, FL 32024</b>
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**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 <u><i>Michael Rogers Jr</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>MICHAEL ROGERS, JR.</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <u>1-31-08</u>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000914378 02/13/08-80042-004 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, SHIRLEY W 1203 SW COUNTY RD 349 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, SHARLA M 10014 SIFTON CT. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, MICHAEL JR. 876 SW BUCKLEY LANE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u><i>Michael Rogers Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>MICHAEL ROGERS, JR.</b> <small>Date</small> <u>01-31-08</u> <small>Daytime Phone #</small> <u>386-758-5836</u>