

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M08330**

1. Entity Name  
**PEGASUS TECHNOLOGIES, INC.**



Principal Place of Business  
**932 PILOT DRIVE  
GREEN COVE SPRINGS, FL 32043**

Mailing Address  
**PEGASUS TECHNOLOGIES  
932 PILOT DR.  
GREEN COVE SPRINGS, FL 32043**



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2538042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, DALE S  
718 NORTH ORANGE AVENUE  
GREEN COVE SPRINGS, FL 32043**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	LUDWIG, JEFFREY R
STREET ADDRESS	5150 BELFORT RD., BLDG 500
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V
NAME	GREEN, WILLIAM
STREET ADDRESS	REYNOLDS IND. PK. HWY 16
CITY-ST-ZIP	GREEN COVE SPRGS, FL
TITLE	ST
NAME	WILSON, DALE S
STREET ADDRESS	718 NORTH ORANGE AVENUE
CITY-ST-ZIP	GREEN COVE SPRGS, FL 32043
TITLE	D
NAME	AGEE, MICHELLE
STREET ADDRESS	783 CREIGHTON ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	D
NAME	TRONE, DONALD
STREET ADDRESS	12401 SAN VICTORIA NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87111
TITLE	P
NAME	SHAW, JIMMY
STREET ADDRESS	12724 WESTPORT CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414

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01/18/08-80004-005 150.00

**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:** Dale S. Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08 (904) 281-2490  
Date Daytime Phone #