

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90002 018 \*\*\*550.00

**DOCUMENT # P01000035039**

1. Entity Name  
**BAGGAGE AIRLINE GUEST SERVICES, INC.**



Principal Place of Business

621 E. WASHINGTON ST., SUITE 8  
ORLANDO, FL 32801

Mailing Address

621 E. WASHINGTON ST., SUITE 8  
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #

6751 Forum Drive

3. Mailing Address

6751 Forum Drive

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

Orlando FL

City & State

Orlando FL

Zip

32821

Country

Orange

Zip

32821

Country

Orange



07032007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3735045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATEER, CRAIG  
621 E WASHINGTON ST STE 8  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATEER, CRAIG C  
621 E. WASHINGTON ST., SUITE 8  
ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mateer, Craig C  
6751 Forum Drive suite 230  
Orlando, FL 32821 ☒ Change ☐ Addition

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-07 407-849-0670

Date

Daytime Phone #