

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90040 013 \*\*\*150.00

**DOCUMENT # P06000127905**

1. Entity Name  
**BAGLIO ENTERPRISES, INC.**



Principal Place of Business  
**2900 SAMPLE RD SUITE 2325  
POMPANO BEACH, FL 33073**

Mailing Address  
**2900 SAMPLE RD SUITE 2325  
POMPANO BEACH, FL 33073**



02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5677782</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**BAGLIO, WILLIAM F  
2900 SAMPLE RD SUITE 2325  
POMPANO BEACH, FL 33073**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BAGLIO, WILLIAM F 2900 SAMPLE RD SUITE 2325 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGLIO, SHAWN M 1686 LAKEVIEW BLVD NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGLIO, MICHAEL A 518 SOUTH ROUTE 31 SUITE 250 MCHENRY, IL 60050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND, JENNIFER L 7640 ROLLING OAK CENTERVILLE, OH 45459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William F. Baglio*  
**2-21-08**