2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000049935

1. Entity Name
BAGE COMPANY

Principal Place of Business	Mailing Address
139 W COUNTY RD 419 OVIEDO, FL 32766	139 W COUNTY RD 419 OVIEDO, FL 32766

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3515426	Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, GEORGE
1002 PINEHURST COURT
OVIEDO, FL 32765

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	D			
NAME	MOSS, GEORGE			
STREET ADDRESS	1002 PINEHURST COURT			
CITY-ST-ZIP	OVIEDO, FL 32765			
TITLE	D			
NAME	MOSS, BARBARA			
STREET ADDRESS	1002 PINEHURST COURT			
CITY-ST-ZIP	OVIEDO, FL 32765			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

U00000741831
05/15/07-80043-025 150.00

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: _Barbara Moss_   4/27/07   407-977-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #