



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000049935		
1. Entity Name BAGE COMPANY		
Principal Place of Business 139 W COUNTY RD 419 OVIEDO, FL 32766		Mailing Address 139 W COUNTY RD 419 OVIEDO, FL 32766
DO NOT WRITE IN THIS SPACE		
		
04212008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3515426		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000941064 05/28/08-80092-001-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, GEORGE 1002 PINEHURST COURT OVIEDO, FL 32765	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, BARBARA 1002 PINEHURST COURT OVIEDO, FL 32765	
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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>George Moss</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/08 407-977-3116 Date Daytime Phone #