## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 02, 2006 08:00 AN

| DOCUMENT # P99000025464  1. Entity Name BAGOTRONIX, INC.  |   | 4   |                       | Secretary of Stat         |                         |                       |                     |
|---|---|---|-----------------------|---------------------------|-------------------------|-----------------------|---------------------|
| Principal Place<br>2900-1 CRES<br>TALLAHASSE  | SCENT DR  | tailing Address<br>2900-1 CRESCENT DR<br>FALLAHASSEE, FL 32301 I  | US                    |                           |                         |                       |                     |
| D   | O NOT WRITE II  | 02282006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 59-3563860 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required |                       |                           |                         |                       |                     |
|   | 6. Name and Address of Current Regi-<br>, IVAN L<br>SYTHE PARK CT.<br>SSEE, FL 32309  | DO NOT WRITE<br>IN THIS SPACE   |                       |                           |                         |                       |                     |
|   | named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and title |   | ed office or register | ····                      | th, in the State of Fid | orida. I am familia.  | with, and accept    |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution. |   |   | ncing \$5             | .00 May Be<br>led to Fees |                         |                       | , 21                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P BAGGET, IVAN 3981 FORSYTHE PARK CT TALLAHASSEE, FL 32309  | CTORS   |                       | ·                         | 00000<br>900F1780       | 0452716<br>-80011-003 | 5 150 <b>.00</b> 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                       |                           | NOT W<br>THIS SF        |                       |                     |
| TITLE NAME STREET ADDRESS C:TY-ST-ZIP TYLE NAME STREET ADDRESS  |   |   |                       |                           |                         |                       |                     |

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.

CITY-\$T-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SURVING OFFICE