2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V51042

1. Entity Name
APPROPRIATE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
4545 SE 13TH STREET OCALA, FL 34471	4545 SE 13TH STREET OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3140158	Not Applicable

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

6. Name and Address of Current Registered Agent

BAGGETT, SAMUEL M
4545 SE 13TH STREET
OCALA, FL 34471

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, 2004 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	BAGGETT, KATHLEEN	
STREET ADDRESS	4545 SE 13TH STREET	U000000038??5
CITY-ST-ZIP	OCALA, FL	01/14/04-80005-012 150.00
TITLE	D	
NAME	BAGGETT, SAMUEL M	
STREET ADDRESS	4545 SE 13TH STREET	
CITY-ST-ZIP	OCALA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		**DO NOT WRITE**
STREET ADDRESS		**IN THIS SPACE**
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Samuel M. Baggett_ Sec-Treas   01-11-04 (352)732-226?

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

Samuel M. Baggett