

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90091 001 \*\*\*150.00

**DOCUMENT # V51042**

1. Entity Name  
APPROPRIATE TECHNOLOGY, INC.



Principal Place of Business  
2175 LAUREL RUN DRIVE  
OCALA, FL 34471

Mailing Address  
2175 LAUREL RUN DRIVE  
OCALA, FL 34471

40002900



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3140158

Applied For  
Not Applicable

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

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

BAGGETT, SAMUEL MILLARD  
2175 LAUREL RUN DR  
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, 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 *Director and President*  
NAME BAGGETT, KATHLEEN  
STREET ADDRESS 2175 LAUREL RUN DR  
CITY-ST-ZIP Ocala, FL 34471

TITLE *Director and Secretary & Treasurer*  
NAME BAGGETT, SAMUEL M  
STREET ADDRESS 2175 LAUREL RUN DR  
CITY-ST-ZIP Ocala, FL 34471

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

*Please make the marked changes. Note: These titles have always been this way. We need the corrections to be in compliance with the Board Rules.*

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: *Samuel M. Baggett, Sec. Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-11-07* *(352) 362-4712*  
Date Daytime Phone #