


**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



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3140158	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

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	Director and President BAGGETT, KATHLEEN 2175 LAUREL RUN DR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Secretary & Treasurer BAGGETT, SAMUEL M 2175 LAUREL RUN DR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>↑</p> <p>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.</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Samuel M. Baggett, Sec. Treas 01-11-07 (352) 362-4712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #