


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

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

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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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAGGETT, KATHLEEN
STREET ADDRESS	2175 LAUREL RUN DR
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DST
NAME	BAGGETT, SAMUEL M
STREET ADDRESS	2175 LAUREL RUN DR
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Samuel M. Baggett Sec/Treas 01-05-08 (352) 684-5238
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

Samuel M. Baggett