


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 550752**  
1. Entity Name  
**WAGLER CONSTRUCTION, INC.**



Principal Place of Business: **5697 SARAH AVENUE  
SARASOTA, FL 34233**  
Mailing Address: **POST OFFICE BOX 7354  
SARASOTA, FL 34278**

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-1771452** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WAGLER, PETER JR.  
7398 CASTLE DRIVE  
SARASOTA, FL 34240**

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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

UN0000192596  
01/25/05-80025-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WAGLER, PETER
STREET ADDRESS	7398 CASTLE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	ST
NAME	WAGLER, BARBARA
STREET ADDRESS	7398 CASTLE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
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 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: Peter Wagler Date: 1/24/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR