## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

	ANNUAL	REPORT				27,2007 00	
DOCU	MENT # 550752			]	2	Secretary of	Sta
1. Entity Nam WAGLER	ne R CONSTRUCTION, INC.						
Principal Plac 5697 SARAL SARASOTA, I		Mailing Address POST OFFICE BOX 7354 SARASOTA, FL 34278		 	51 <b>8</b> 5111 <b>83</b> 111 <b>5883</b> 1 <b>8</b> 111 <b>8</b> 111	A STUNKTUR STURKSTOR	<b>61</b> )
C	OO NOT WRITE	CE	01232007 4. FEI Numb 59-177	No Chg-P	CR2E034 (11/05)  Applied Not App  \$8.75 Additiona Fee Required	For ticable	
7398 CAS	6. Name and Address of Current R PETER JR. TLE DRIVE FA, FL 34240			NOT W			
	named entity submits this statement for titions of registered agent.				th, in the State of Fl	orida. I am familiar with, and a	iccept
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Registere	of Agent signature required	(when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be ed to Fees		· <u></u>	•
• 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	P WAGLER, PETER 7398 CASTLE DRIVE SARASOTA, FL 34240	IRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAGLER, BARBARA 7398 CASTLE DRIVE SARASOTA, FL 34240				00000 01/31/07	0607110 -80024-007 150.(	DO .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	21.				٠	* · ·	· i

12. Thereby 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 trote and accurate and that my signature shall have the same legal effect as if made under eath; 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: \_

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DI ECTOR

1/23/07

Daytime Phone #