


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000037248
 1. Entity Name
WAGLER ENTERPRISES, INC.



Principal Place of Business Mailing Address
 2701 WELLS AVE 2701 WELLS AVE
 SARASOTA, FL 34232 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1096153	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

WAGLER, DALLAS
 2701 WELLS AVE
 SARASOTA, FL 34232

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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 _____ 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, 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	D
NAME	WAGLER, F DALLAS
STREET ADDRESS	2701 WELLS AVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	V
NAME	WAGLER, MARY
STREET ADDRESS	2701 WELLS AVE
CITY-ST-ZIP	SARASOTA, FL 34232
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: Farrell Dallas Wagler **FARRELL DALLAS WAGLER** 1-29-07 (941) 658-7938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #