


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 843821
1. Entity Name
JOHN WAGNER ASSOCIATES, INC.



Principal Place of Business 20 WEST MAIN STREET COURT SUITE 200 ALPINE, UT 84004	Mailing Address 20 WEST MAIN STREET COURT SUITE 200 ALPINE, UT 84004
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-1646094	Applied For <i>Not Applicable</i>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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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, 2005 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	D WAGNER, JOHN B. 211 ST. PAUL ALAMO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGNER, JUDITH T. 211 ST. PAUL ALAMO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGNER, JEFFREY 2894 SPRINGBURN WAY EL DORADO HILLS, CA 95762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, ROLAND L 192 SOUTH WILDFLOWER CIRCLE ALPINE, UT 84004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMBERG, RICHARD 3025 MORGAN TERR RD. CLAYTON, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGNER, JOHN B 100 LIGHT COURT FOLSOM, CA 95630

U00000357121
05/04/05-80061-023 150.00

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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)(f), 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:  **04-28-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #