


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 843821</b> 1. Entity Name JOHN WAGNER ASSOCIATES, INC.	
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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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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-1646094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000677576  
 03/30/07-80110-016 150.00

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

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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:  \_\_\_\_\_ Date: 3-19-07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR