# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # F92000000584

1. Entity Name
T. J. WAGNER TRUCKING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 161<br>MATTAPOISETT, MA 02739 | POST OFFICE BOX 161<br>MATTAPOISETT, MA 02739 |

04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
04-3052394
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, LESLIE L
1675 SR16
ST. AUGUSTINE, FL 32095

**DO NOT WRITE 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, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DCPS |
| NAME | WAGNER, THOMAS J |
| STREET ADDRESS | 9 BROOKSIDE DR. |
| CITY-ST-ZIP | MATTAPOISETTA, MA 02739 |
| TITLE | T |
| NAME | WAGNER, THOMAS J |
| STREET ADDRESS | 9 BROOKSIDE DR. |
| CITY-ST-ZIP | MATTAPOISETT, MA 02739 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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04/29/04-80177-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied [illegible] 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 rep[illegible]urate 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 [illegible]xecute 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 addr[illegible]her like empowered.

**SIGNATURE:** Thomas J Wagner 4-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #