


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H25859**  
 1. Entity Name  
**WAGER COMPANY OF FLORIDA, INC.**



Principal Place of Business 720-B INDUSTRY ROAD P.O. BOX 520296 LONGWOOD, FL 32752-7296	Mailing Address 720-B INDUSTRY ROAD P.O. BOX 520296 LONGWOOD, FL 32752-7296
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2457244	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 WAGER, KENT K.  
 732 RED WING DRIVE  
 LAKE MARY, FL 32746

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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**

000000170749  
 03/01/04-80049-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WAGER, KENT K. 732 RED WING DRIVE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WAGER, MARILYN A. 732 RED WING DRIVE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMRO, PHILIP A 1503 GRANVILLE LANE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does 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 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: Marilyn Wager Marilyn Wager 2-26-04 407-834-4667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #