2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25859

City-St-Zip:

ORLANDO, FL 32803

FILED May 23, 2005 Secretary of State

Entity Name: WAGER COMPANY OF FLORIDA, I	INC.
Current Principal Place of Business:	New Principal Place of Business:
720-B INDUSTRY ROAD P.O. BOX 520296 LONGWOOD, FL 327527296	
Current Mailing Address:	New Mailing Address:
720-B INDUSTRY ROAD P.O. BOX 520296 LONGWOOD, FL 327527296	
FEI Number: 59-2457244 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent	: Name and Address of New Registered Agent:
WAGER, KENT K. 732 RED WING DRIVE LAKE MARY, FL 32746 US	
The above named entity submits this statement for the state of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	Agent Date
In accordance with s. 607.193(2)(b), F.S., the corporation di Election Campaign Financing Trust Fund Contribution ().	d not receive the prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PDT () Delete Name: WAGER, KENT K., Address: 732 RED WING DRIVE	Title: PDT (X) Change () Addition Name: WAGER, KENT K., Address: 732 RED WING DRIVE

City-St-Zip: LAKE MARY, FL City-St-Zip: LAKE MARY, FL 32746 DS () Delete Title: (X) Change () Addition WAGER, MARILYN A., WAGER, MARILYN A., Name: Name: Address: 732 RED WING DRIVE Address: 732 RED WING DRIVE LAKE MARY, FL LAKE MARY, FL 32746 City-St-Zip: City-St-Zip: Title: Title: () Change () Addition () Delete Name: DEMRO, PHILIP A Name: 1503 GRANVILLE LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KENT K. WAGER **PRES** 05/23/2005