

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25859

FILED
Apr 13, 2009
Secretary of State

Entity Name: WAGER COMPANY OF FLORIDA, INC.

Current Principal Place of Business:

720-B INDUSTRY ROAD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520296
LONGWOOD, FL 327520296

New Mailing Address:

FEI Number: 59-2457244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGER, KENT K
732 RED WING DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: WAGER, KENT K
Address: 732 RED WING DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: WAGER, MARILYN A
Address: 732 RED WING DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: DEMRO, PHILIP A
Address: 1503 GRANVILLE LANE
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: HILL, RUSSELL W
Address: 125 VALENCIA LOOP
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: KOWALSKI, KIMBERLY R
Address: 1611 SILK TREE CIR
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: RUSSELL W, HILL

VD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date