
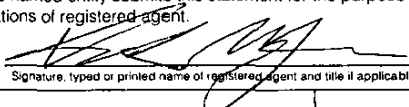
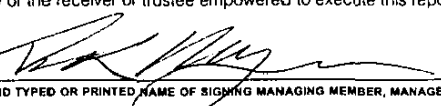


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90051 024 ****50.00

DOCUMENT # L06000096995					
1. Entity Name WAGNER SERVICES, LLC					
Principal Place of Business 400 EAST COMPTON STREET ORLANDO, FL 32806			Mailing Address 400 EAST COMPTON STREET ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # 826 SWEETBRIAR RD		3. Mailing Address 826 SWEETBRIAR RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 205686273	
Zip 32806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, DEREK H 400 EAST COMPTON STREET ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name: DEREK WAGNER Street Address (P.O. Box Number is Not Acceptable): 826 SWEETBRIAR RD City: ORLANDO, FL Zip Code: 32806		
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) 4/23/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DEREK WAGNER 826 SWEETBRIAR RD ORLANDO, FL 32806	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			4/22/07 (321) 946-1690		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		