## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PEHR TO NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## **FILED** Jan 14, 2005 08:00 AM

	AITITOAL	IVE OIL -			- Gun I-	, <b>200</b> ,5 (	JO. 00 11
DOCUMENT # L94384  1. Entity Name WAGNER'S SERVICE VENDING, INC.				Secretary of State			
ì	ce of Business						
7 GRACE ST 7 GRACE ST 7 GRACE ST TITUSVILLE, FL 32780 TITUSVILLE, FL 32780							
DO NOT WRITE IN THIS SPAC			CE				
				01112005	No Chg-P	CR2E034 (10/	03)
				4. FE! Numb			Applied For
							Not Applicable Additional
				5. Certificate	of Status Desired	Fee Rei	
	6. Name and Address of Current R			-	• .		
WAGNER	. BARB R.		DO	NOT W	DITE		
7 GRACE ST TITUSVILLE, FL 32780			DO NOT WRITE IN THIS SPACE				
			B. The above			1 - (6)	
the obligat	named entity submits this statement for t tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am familiar i	with, and accept
1812/AK							
SIGNATURE Signature, typed or printed name of profitsyled agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND D		<b>I</b>				
TITLE	D OFFICERS AND D	nectors (	-				
NAME	WAGNER, BARB R						
STREET ADDRESS	7 GRACE ST						
CITY-ST-ZIP	TITUSVILLE, FL						
TITLE Name					10000	1181210	
STREET ADDRESS					01/14/05	)181210 -80038-018	150.00
CITY-ST-ZIP			İ				
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			1	INI .	THIS SP	ACE	,
NAME				11.4	I IIIO OF	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
NAME				•			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							}
NAME STREET ADDRESS			I				
CITY-ST-ZIP			<u></u>				
12. I hereby o	certify that the information supplied with the	is filing does not qualify for the exe	mption stated in Se	ction 119.07(3)	(i), Florida Statutes. I	further certify that t	he information
12. I hereby certify that the information supplied with this filling 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 gr Block 11 if changed, or on an attachment with an address, with all other like empowered.							
changed, or on an attachment with an address, with all other like empowered.							