

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90037 044 \*\*\*150.00

**DOCUMENT # L94384**

1. Entity Name

WAGNER'S SERVICE VENDING, INC.



Principal Place of Business

7 GRACE ST  
TITUSVILLE FL 32780

Mailing Address

7 GRACE ST  
TITUSVILLE FL 32780



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3027745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, BARB R.  
7 GRACE ST  
TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when completing g.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | D              | <input type="checkbox"/> Delete |
| NAME           | WAGNER, BARB R |                                 |
| STREET ADDRESS | 7 GRACE ST     |                                 |
| CITY- ST- ZIP  | TITUSVILLE FL  |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY- ST- ZIP  |                |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY- ST- ZIP  |                |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY- ST- ZIP  |                |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY- ST- ZIP  |                |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Barb R Wagner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-08 (32) 2678955  
Date  
Deputy Secretary