2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000000690

1. Entity Name
PHILIP D. WAGNER CO., LLC

Principal Place of Business	Mailing Address
1117 SNYDER RD.	1117 SNYDER RD.
WEST LAWN, PA 19609-1100	WEST LAWN, PA 19609-1100

DO NOT WRITE IN THIS SPACE

04222004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
23-3073761	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	WAGNER, PHILIP D
STREET ADDRESS	4 FOREST COURT
CITY-ST-ZIP	READING, PA 19606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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05/04/04-80142-018 50.00

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11. I hereby certify that the information supplied with this filing 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 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: *Philip D. Wagner*   Philip D. Wagner   4/22/04   (610) 678-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #