2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

	ANNOAL	REFORI		1			CC4-4-
	MENT # P00000075	044 🕓			50	ecretar	y of State
1. Entity Nam WAGNER	R MANAGEMENT, INC.	•					
	·						
Principal Plac	ee of Business	Mailing Address		1			
115 EAST NEW HAVEN AVE		115 EAST NEW HAVEN AVE					
MELBOURNE	E, FL 32901	MELBOURNE, FL 32901					
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				01282008	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE:	4. FEI Numb			Applied For
				59-367		_ \$8	Not Applicable 75 Additional
				5. Certificate	of Status Desired		Required
	6. Name and Address of Current R	egistered Agent					
	, RICHARD L NEW HAVEN AVE			DO	NOT W	RITE	
	RNE, FL 32901				THIS SF		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am fami	liar with, and accept
SIGNATURE.							
Orac William	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Registere	d Agent signature required	d when reinstating)		DATE	
FIL After M	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.0	S. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	U00001 02/05/08-)804826 -80083 -01	2 150.00
10.	OFFICERS AND D	DIRECTORS	e santali i	n a gagasa s	A STATE OF STATE	* 1, 4 (144) 1 1	िक्का के विकास सम्बद्धिक क
TITLE	PSTD						
NAME STREET ADDRESS	WAGNER, RICHARD L 115 EAST NEW HAVEN AVE						
CITY-ST-ZIP	MELBOURNE, FL 32901						
TITLE NAME							
STREET ADDRESS					1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, , , , , , , , , , , , , , , , , , , ,	The state of the s
CITY-ST-ZIP					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE NAME			The street of th	hatta tarras Da digitation			
STREET ADORESS				no	NOT W	RITE	
CITY-ST-ZIP TITLE				36 (1994), 1997 - S.	#1,385 a K S 1 1 1, 19/15 1 3		
NAME				IN,	THIS SF	'ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE						કું જાયા છે. જિલ્લા	
NAME		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
STREET ADDRESS CITY-ST-ZIP				Stiget			
TITLE							

12. 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE GEST TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/08 (321)723-7010