


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |   |   |   |  |   |  |   |  |   |  |   |  |
|--|---|---|---|---|---|--|---|--|---|--|---|--|---|--|
| <b>DOCUMENT # P01000067793</b><br>1. Entity Name<br><b>WAG CASINO TOURS, INC.</b>  |   |                |   |   |   |  |   |  |   |  |   |  |   |  |
| Principal Place of Business<br><b>835 15TH AVE NORTH<br/>JACKSONVILLE BEACH, FL 32250</b>  | Mailing Address<br><b>835 15TH AVE NORTH<br/>JACKSONVILLE BEACH, FL 32250</b>   |   |   |   |   |  |   |  |   |  |   |  |   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |   |   |   |  |   |  |   |  |   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RANDALL G. MINOR, P.A.<br/>835 15TH AVE NORTH<br/>JACKSONVILLE BEACH, FL 32250</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |   |   |   |  |   |  |   |  |   |  |   |  |
| 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, familiar with, and accept the obligations of registered agent<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |   |   |   |   |  |   |  |   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |   |   |   |  |   |  |   |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |
| <table border="1"><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST- ZIP</td><td>PVD<br/>SNEED, WANDA B<br/>835 15TH AVE NORTH<br/>JACKSONVILLE BEACH, FL 32250</td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST- ZIP</td><td>ST<br/>SNEED, OSCAR R<br/>835 15TH AVE NORTH<br/>JACKSONVILLE BEACH, FL 32250</td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST- ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST- ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST- ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST- ZIP</td><td></td></tr></table>  |   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | PVD<br>SNEED, WANDA B<br>835 15TH AVE NORTH<br>JACKSONVILLE BEACH, FL 32250 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | ST<br>SNEED, OSCAR R<br>835 15TH AVE NORTH<br>JACKSONVILLE BEACH, FL 32250 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  |   |   |   |   |   |  |   |  |   |  |   |  |   |  |
| 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.<br><br>SIGNATURE: <u>Wanda B. Sneed</u> <b>WANDA B. SNEED</b> 7/5/07 <b>994241-5677</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> |   |   |   |   |   |  |   |  |   |  |   |  |   |  |



07032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>59-3733726</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

07/10/07 00001-009 150.00

000000767354  
07/10/07-80001-009 150.00

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