

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000102812

1. Entity Name  
TODD WAGNER INCORPORATED



Principal Place of Business

1762 EMBASSY DRIVE  
JACKSONVILLE, FL 32207

Mailing Address

1762 EMBASSY DR  
JACKSONVILLE, FL 32207

**FILED**  
**Jun 21, 2006 08:00 AM**  
**Secretary of State**



05022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3754491

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WAGNER, TODD  
1762 EMBASSY AVE  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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)

U00000567449

06/21/06-80002-012 150.00

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WAGNER, TODD  
1762 EMBASSY DR  
JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WAGNER, LISA  
1762 EMBASSY DR  
JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Lisa Wagner* Lisa Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/06

DATE

904-568-6932

Daytime Phone #