


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90009 008 \*\*\*158.75

**DOCUMENT # P02000090593**

1. Entity Name  
**WAGGONER ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**2690 PINE STREET**      **2690 PINE STREET**  
**NAPLES, FL 34112**      **NAPLES, FL 34112**

2. Principal Place of Business      3. Mailing Address  
**2690**      **2690**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**PINE ST.**      **PINE ST**  
 City & State      City & State  
**Naples, Fla**      **Naples, Fla.**  
 Zip      Country      Zip      Country  
**34112**      **Collier**      **34112**      **Collier**



08192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**55-0793257**      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

**WAGGONER, JACK**  
**2690 PINE STREET**  
**NAPLES, FL 34112**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>WAGGONER, JACK</b> <b>2690 PINE STREET</b> <b>NAPLES, FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** Jack Waggoner "Jack Waggoner"      Date 8-24-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date 239-774-4453

Attachment  
# P02000090593  
24081943

P02000090593  
WAGGONER ENTERPRISES, INC.  
2690 PINE STREET  
NAPLES FL 34112

Sir:  
I had to take notice to dissolve  
form to my accountant. I don't have  
a computer or use one. Please just  
send standard forms I don't use a  
computer either. Thank you for the  
waiver. I will have a better under-  
standing next year.

Thanks  
Jack Waggoner