

PO3000041020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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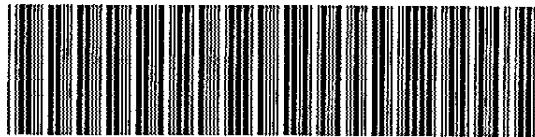
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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C. O'Neil, JAN 06 2004

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: C S WAGER & ASSOCIATES, INC.  
(Name of corporation)

DOCUMENT NUMBER: P03000041620

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD CHAD WAGER  
(Name of person)

C S WAGER & ASSOCIATES, INC  
(Name of firm/company)

3926 WISEMAN ROAD  
(Address)

GREEN COVE SPRINGS, FL 32043-8583  
(City/state and zip code)

For further information concerning this matter, please call:

D. CHAD WAGER  
(Name of person)

at (904) 545-6952  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C S WAGER & ASSOCIATES, INC.
2. The principal office address: 3926 WISEMAN ROAD  
GREEN COVE SPRINGS, FL 32043-8583
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 4/9/2003 Document number: P03000041620
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
FRAN'S TAX SERVICE, INC.  
1499 S. KINGS ROAD  
CALLAHAN, FL 32011
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
SHELLEY J. WAGER  
3926 WISEMAN ROAD  
(P.O. Box or personal mailbox NOT acceptable)  
GREEN COVE SPRINGS, FL 32043-8583

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

D. Chad Wager

(Signature of an officer or director)

D. CHAD WAGER, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Shelley J. Wager

(Signature of Registered Agent)

12/22/03

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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