2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AN DOCUMENT # P03000108369 **Secretary of State** WAGNER'S WOOD, INC. Principal Place of Business Mailing Address 7421 GRAND AVENUE 7421 GRAND AVENUE WINTER PARK, FL 32792 WINTER PARK, FL 32792 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAGNER, CHRISTOPHER DO NOT WRITE 7421 GRAND AVENUE WINTER PARK, FL 32792 IN THIS SPACE 2. 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 pignature regulated when relastating) 9. Election Campalgri Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE. WAGNER, CHRISTOPHER NAME STREET ADDRESS 7421 GRAND AVENUE WINTER PARK, FL 32792 U00000358247 CITY-ST-ZIP ME FINTON, KELLY NAME STREET ADDRESS 1490 13TH ST. CITY - ST- ZIP ORANGE CITY, FL 32763 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-7IP 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 eport 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 indicated on this report or supplement of the corporation of the receiver of tru changed, or on an attachment with an ess, with all other like empowered. SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #