

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000154285

1. Entity Name  
B & B WAGNER, INC.



Principal Place of Business  
2277 LONG VIEW CIRCLE  
BROOKSVILLE, FL 34604 US

Mailing Address  
2277 LONG VIEW CIRCLE  
BROOKSVILLE, FL 34604 US

2. Principal Place of Business  
805 58th St. S.  
Suite, Apt. #, etc.

3. Mailing Address  
1008 Plum Leaf Ct SE  
Suite, Apt. #, etc.

City & State  
Gulfport FL  
Zip  
33707 Country  
Pinellas

City & State  
Leland NC  
Zip  
28451 Country

12062005 REIN-P CR2E098 (6/04)

4. FEI Number  
75-3142662 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, BONNIE K  
2277 LONG VIEW CIRCLE  
BROOKSVILLE, FL 34604

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
WAGNER, BONNIE K  
2277 LONG VIEW CIRCLE  
BROOKSVILLE, FL 34604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WAGNER, BRIAN R  
2277 LONG VIEW CIRCLE  
BROOKSVILLE, FL 34604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1008 Plum Leaf Ct. SE  
Leland, NC 28451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1008 Plum Leaf Ct. SE  
Leland, NC 28451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700065068967  
02/02/06--01010--005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700065068967  
02/02/06--01010--005 \*\*8.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Bonnie K. Wagner Bonnie K. Wagner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-05 352-279-2476  
Date Daytime Phone #

December 22, 2005

Divisions of Corporations  
Attn: Ms. Marguitta Williams  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Williams,

As per our conversation enclosed is the filing Document #PO3000154285 and the corporate filing fee of \$150.00 for year 2005.

As we also discussed, due to being in transition, lack of communication and knowledge of the filing card that was not received accordingly and health conditions that lead in to surgery May – June 2005 this was an oversight and all penalties will be waived.

If you should have any further questions please feel free to contact me @ 352-279-2476.

Respectfully Yours,

*Bonnie K. Wagner*  
Bonnie K. Wagner