

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90413 040 ***158.75

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1. Entity Name
B & B WAGNER, INC.

Principal Place of Business
**805 58TH STREET S.
GULFPORT FL 33707
US**

Mailing Address
**1008 PLUM LEAF CT. SE
LELAND NC 28451**



2. Principal Place of Business
17965 Rivard Blvd.
Suite, Apt. #, etc.

3. Mailing Address
17965 Rivard Blvd.
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Brooksville FL

City & State
Brooksville FL

4. FEI Number
75-3142662

Applied For
Not Applicable

Zip
34604

Country
US

Zip
34604

Country
US

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

**WAGNER, BONNIE K
2277 LONG VIEW CIRCLE
BROOKSVILLE FL 34604**
**17965 Rivard Blvd.
Brooksville, FL
34604**

Name **Wagner, Bonnie K.**
Street Address **new 17965 Rivard Blvd.**
City **Brooksville** State **FL** Zip Code **34604**

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 \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$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
**PRES
WAGNER, BONNIE K
1008 PLUM LEAF CT. SE
LELAND NC 28451** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**17965 Rivard Blvd.
Brooksville FL 34604** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WAGNER, BRIAN R
1008 PLUM LEAF CT. SE
LELAND NC 28451** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**17965 Rivard Blvd.
Brooksville, FL 34604** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Bonnie K. Wagner** **Bonnie K. Wagner** **President/owner** **352 279-2476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #