

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 005 ***150.00

DOCUMENT # P04000042978

1. Entity Name
WAGONER REPAIR SERVICE INC.



Principal Place of Business

8169 ABC RD
BARTOW, FL 33830

Mailing Address

8169 ABC RD
BARTOW, FL 33830

60012422



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-0781637

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAGONER, DANNY LEE
5401 BILLINGS ST
LEHIGH ACRES, FL 33971-6583

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

8169 ABC Road

City **Bartow**

FL

Zip Code
33830

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, 2007 Fee will be \$550.00

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 **P** ☐ Delete
NAME **WAGONER, DANNY LEE**
STREET ADDRESS **5401 BILLINGS ST**
CITY - ST - ZIP **LEHIGH ACRES, FL 339716583**

TITLE ☒ Change ☐ Addition
NAME **8169 ABC Road**
STREET ADDRESS **Bartow, FL 33830**
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 863-205-1167

Date

Daytime Phone #