


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 020 ***150.00

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| DOCUMENT # P04000125223 |  |
| 1. Entity Name JAMES ALAN WENGLER JR INC | |

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| Principal Place of Business 9120 SE 107TH PLACE BELLEVIEW, FL 34420 | Mailing Address 9120 SE 107TH PLACE BELLEVIEW, FL 34420 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 10560 SE 42nd CT Suite, Apt. #, etc. |
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|--------------|------------------------------------|
| City & State | City & State Bellevue FL |
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|---------------------|---------|---------------------|---------|
| Zip 34420 | Country | Zip 34420 | Country |
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| 6. Name and Address of Current Registered Agent WENGLER, JAMES A JR 9120 SE 107TH PLACE BELLEVIEW, FL 34420 | |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WENGLER, JAMES A JR 9120 SE 107TH PLACE BELLEVIEW, FL 34420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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|--|---------------------|-------------------------------------|
| SIGNATURE:  | Date 7/10/05 | Daytime Phone # 352-427-4459 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |