

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000646

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: K. WAGAR INC.

**Current Principal Place of Business:**

1412 WILD DUNES CT.  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

1412 WILD DUNES CT.  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

FEI Number: 26-1779986      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WAGAR, KENNETH  
1412 WILD DUNES CT.  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

WAGAR, KENNETH W PRES  
1412 WILD DUNES CT.  
WINTER HAVEN, FL 33881 US

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.

SIGNATURE: KENNETH WAGAR

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: WAGAR, KENNETH  
Address: 1412 WILD DUNES CT.  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: TRES ( ) Delete  
Name: WAGAR, KENNETH  
Address: 1412 WILD DUNES CT.  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: SECT ( ) Delete  
Name: WAGAR, KENNETH  
Address: 1412 WILD DUNES CT.  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: DIR ( ) Delete  
Name: WAGAR, KENNETH  
Address: 1412 WILD DUNES CT.  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: DIR ( ) Delete  
Name: WAGAR, VICKIE  
Address: 1412 WILD DUNES CT.  
City-St-Zip: WINTER HAVEN, FL 33881 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH WAGAR

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date