

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000018569	
1. Entity Name: RICK WAGNER MASONRY, INC.	

Principal Place of Business: 6022 TABOR AVENUE FT. MYERS, FL 33905	Mailing Address: 6022 TABOR AVENUE FT. MYERS, FL 33905
---	---

DO NOT WRITE IN THIS SPACE



02062005 No Chg-P CR25034 (10/03)

4. FEI Number 65-0653262	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WAGNER, RICK 6022 TABOR AVE FT. MYERS, FL 33905
--

**DO NOT WRITE
IN THIS SPACE**

7. 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, the registered agent.

SIGNATURE Richard O. Wagner Richard WAGNER 4-7-05
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$330.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000298219 04/11/05-80057-021 150.00
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, RICK 6022 TABOR AVE FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAGNER, KATHERINE 6022 TABOR AVE FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(a), 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 files empowered.

SIGNATURE: Katherine Wagner Katherine Wagner 4-8-05 239-694-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE