2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000029610

1. Entity Name
WAGLERS IRRIGATION INC.

Principal Place of Business	Mailing Address
8250 BOLEYN RD SARASOTA, FL 34240	8250 BOLEYN RD SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
85-0659069		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAGLER, CHERYL
8250 BOLEYN RD
SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

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_____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	WAGLER, KEN	
STREET ADDRESS	8250 BOLEYN RD	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	ST	
NAME	WAGLER, CHERYL	
STREET ADDRESS	8250 BOLEYN RD	
CITY-ST-ZIP	SARASOTA, FL	

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(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.

SIGNATURE: *Cheryl Wagler* Cheryl Wagler   Sec/Trea 1-28-04   941-377-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #