


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT-**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000029610
1. Entity Name
WAGLERS IRRIGATION INC.



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



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0659069	Applied For Not Applicable
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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 _____
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAGLER, KEN 8250 BOLEYN RD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WAGLER, CHERYL 8250 BOLEYN RD SARASOTA, FL
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IN THIS SPACE**

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: *Cheryl Wagler Cheryl Wagler Sec/Trea 1-29-07 941-377-2260*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #