2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000058204

1. Entity Name
WAGONER PRINTING, INC.

40063716

04072005   No Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
1701 NE 2 ST	P.O. BOX 702
POMPANO BEACH, FL 33061	POMPANO BEACH, FL 33061

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0679256	Not Applicable

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

6. Name and Address of Current Registered Agent

WAGONER, MARJORIE E
1701 N.E. 2ND ST.
PO BOX 702
POMPANO BEACH, FL 33061

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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.

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	WAGONER, MARJORIE E
STREET ADDRESS	1701 N.E. 2ND ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	VP
NAME	WAGONER, RUDOLPH W SR
STREET ADDRESS	1701 N.E. 2ND ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *Marjorie Wagoner*   4/15/05   (954) 942-1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

MARJORIE E WAGONER