2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90167 020 ***150.00

DOCUMENT # P97000031797

1. Entity Name
WAGNER WHOLESALE AUTOS, INC.

Principal Place of Business	Mailing Address
2730A NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	2730A NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804

01172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
141 CONCORD DR		623 WOODLEY Rd	
Suite, Apt. #, etc. STE 1201A		Suite, Apt. #, etc.	
City & State CASSELBERRY, FL		City & State MAITLAND, FL	
Zip 32750	Country	Zip 32751	Country USA

4. FEI Number 59-3438525 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, WILLIAM G
615 RICHLAND COURT
UNIT #67
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name WAGNER, William G
Street Address (P.O. Box Number is Not Acceptable) 623 WOODLEY Rd
City MAITLAND FL Zip Code 32751

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 William G. Wagner DATE 4/20/05 ✓
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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, WILLIAM 623 WOODLEY RD. MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: William G. Wagner William G WAGNER 4/20/05 407-948-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #