2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P98000027057 04-09-2004 90057 008 ***150 00 1. Entity Name WAGNER'S 21ST CENTURY INVESTMENTS, INC. Principal Place of Business Mailing Address 1223 S. FEDERAL HIGHWAY 168 HAMPTON PL 54029393 POMPANO BEACH, FL 33062 JUPITER, FL. 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (10/03) 03142004 Chg-P City & State 4. FEI Number Applied For City & State Not Applicable 65-0824808 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 7TD F Delete TITLE ☐ Change ☐ Addition WAGNER, KENNETH R SR NAME NAME STREET ADDRESS 168 HAMPTON PLACE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE WAGNER-BUTLER, DARLENE NAME NAME 13011 SAN ANTONIO WOODS 624 S. RAINBOW DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change ■ Addition WAGNER, HELENE C NAME NAME STREET ADDRESS 168 HAMPTON PLACE STREET ADDRESS CITY-ST-ZP CITY-ST-7P JUPITER, FL 33458 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 altagriment with an address, with all plies like empowered. SIGNATURE:

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