2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED May 04, 2007 08:00 A Secretary of State DOCUMENT # P99000065000 1. Entity Name WAGLE CONSTRUCTION, INC. Principal Place of Business Mailing Addross 11920 DEMIRANDA AVE WARM MINERAL SPRINGS FL 34287 11920 DEMIRANDA AVE WARM MINERAL SPRINGS FL 34287 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0935962 Not Applicable 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 Namo WAGLE, RANDAL Street Address (P.O. Box Number is Not Acceptable) 11920 DEMIRANDA AVE WARM MINERAL SPRINGS FL 34287 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Defete THUE WAGLE, RANDY NAME U000000760645 11920 DEMARANDER ST STREET ADORESS STREET ADDRESS 05/25/07-80021-017 150.00 WARM MINERAL SPRING FL 34287 CITY-S1-ZIP CITY-ST-ZIP ☐ Deleie ☐ Change ☐ AddItion NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE __ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- 7IP TITLE HILE ☐ Deleie □ Change Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY - ST - 71P CITY-SI-7IP TITLE Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ШШ ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.