

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90362 046 \*\*\*150.00

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<b>DOCUMENT # P99000077192</b> 1. Entity Name <b>AL WAGGONER ENTERPRISES INC</b>					
Principal Place of Business <b>753 AVE. C. S.W. WINTER HAVEN, FL 33880</b>			Mailing Address <b>753 AVE. C. S.W. WINTER HAVEN, FL 33880</b>		
2. Principal Place of Business <b>1831 Binney Dr.</b>		3. Mailing Address <b>1831 Binney Dr.</b>		02272006    Chg-P    CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Pierce FL</b>		City & State <b>Ft. Pierce FL</b>		4. FEI Number <b>59-3605030</b>	
Zip <b>34949</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WAGGONER, ALFRED R 753 AVE. C. S.W. WINTER HAVEN, FL 33880</b>				7. Name and Address of New Registered Agent Name <b>Same Waggoner, Alfred R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1831 Binney Dr.</b> City <b>Ft. Pierce</b> <b>FL</b> Zip Code <b>34949</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAGGONER, ALFRED R 753 AVE. C. S.W. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <b>4/18/06</b> <b>263 2068881</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					