## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

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DOCUMENT # P99000077192  1. Entity Name AL WAGGONER ENTERPRISES INC						04-30-20	008 90182	)38 ***	<b>'</b> 150.00	
Principal Place of Business Mailing Address					<del>-</del>	0.0000	_ : .			
· ·		•	Mailing Address			60033387				
1831 BINNEY DR			1831 BINNEY DR							
FORT PIERCI	E, FL 34949	FORT PIERCE, FL 349	949							
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2.0									410 i III	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						ALEK    1835	
Suite Apt #, etc		Suite, Apt. #, etc	Suite, Apt. #, etc		04252008	Chg-P	CR2E034	(12/06)		
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City & Stat	е	City & State		4. FEI Numb			Ap	oplied For		
					59-360	05030		Nc	ot Applicable	
Ζφ	Country	Zip	Countr	ry	5 Certificate	of Status Desired	□ \$ <sup>3</sup>	8.75 Add	ditional	
	<u> </u>		.]		J. Curimente	O DIGIOS DOSITO	□ Fe	e Require	∍d	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered Ag	ent		
				Name						
WAGGONER, ALFRED R					(0.0.0					
1831 BINNEY DR				Street Addre	ss (P.O. Box Numb	er is Not Acceptabl	e)			
FORT PIERCE, FL 34949						- At				
,										
				City			FL	Zip Code	e	
					,					
8. The above	named entity submits this statement f	for the purpose of changing it	s registere	d office or regi	stered agent, or bo	oth, in the State of Fl	orida. I am far	oiliar with,	and accept	
me onigat	tions of registered agent.									
SIGNATURE :										
SIGNATURE.	Signative typed ix panied name of registered agen	n: and title it applicable (NO	TE Registered	Agent signature req	ured when reinstaling)		DATE			
·-···						1				
FII	E NOW!!! FEE IS \$150.00	9. Election Campa	aign Financ	cing	\$5.00 May Be					
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution			tribution		Added to Fees					
10.	OFFICERS AND DIRECTORS 1				ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11	
HTLE	D Delete			1			[	Change	Addition	
NAME	WAGGONER, ALFRED R		NAME							
STREET ADDRESS	753 AVE. C, S.W.			LAUDRESS						
CITY - \$1 - ZIP	WINTER HAVEN, FL 33880		CHY	ST-ZIP						
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NAME		☐ Delete	CITY - S TITLE NAME	S1- ZIP			С	] Change	☐ Addilion	
TITLE NAME STREET AUDRESS			TITLE NAME STREUT	S1- ZIP				·		
NAME STREET ADDRESS CHY ST-ZIP		☐ Delete	OTTY - S TOTLE NAME STREET	S1- ZIP				Change	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 charged, or on an attachment with an address, with all other like empowered.

CHY-SI-ZIP

SHREL! ADDRESS

CITY ST-ZIP

DILLE

NAMU

Delete

SIGNATURE

OHY-SI-ZIP

STREET ADDRESS

200 St 20

THEE

4/26/2008

863-206 808/

Addition

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