2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State
08-09-2004 90010 024 ***550.00

66432600

MOORE CR2E034 (4/04)

DOCUMENT # P99000094336

1. Entity Name
E. L. WAGNER CORP.

Principal Place of Business	Mailing Address
7140 - NR SERENOA DR. SARASOTA FL 34241	7140 - NR SERENOA DR. SARASOTA FL 34241

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1029239 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGNER, EDWIN 7140 - NR SERENOA DR. SARASOTA FL 34241	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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	D WAGNER, EDWIN 7140 - NR SERENOA DR. SARASOTA FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, LINDA 7140 - NR SERENOA DR. SARASOTA FL 34241	☐ 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: E. L. Wagner Edwin Wagner 20.8.04 941 927 3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000094336

1. Entity Name
E. L. WAGNER CORP.

66432600

[redacted]

MOORE CR2E034 (1-94)

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7140 - NR SERENOA DR. SARASOTA FL 34241	7140 - NR SERENOA DR. SARASOTA FL 34241

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
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4. FEI Number: 65-1029239 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, EDWIN
7140 - NR SERENOA DR.
SARASOTA FL 34241

7. Name and address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 of new registered agent, if changed) (Printed or typed name of registered agent and, if changed, the name of the new registered agent and the office address of the registered agent) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 1, 2004
Make Check Payable to Florida Department of State

9. PUT YOUR BOOK(S), P.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00 ☐

a. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 may be added to the fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WAGNER, EDWIN
STREET ADDRESS	7140 - NR SERENOA DR.
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D
NAME	WAGNER, LINDA
STREET ADDRESS	7140 - NR SERENOA DR.
CITY-ST-ZIP	SARASOTA FL 34241

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 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: LINDA WAGNER 08-02-04
(Required) (Printed name of person signing) (Title if applicable) (Date)