

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H25859

**Entity Name:** WAGER COMPANY OF FLORIDA, INC.

**Current Principal Place of Business:**

720-B INDUSTRY ROAD  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 520296  
LONGWOOD, FL 32752-0296

**FEI Number: 59-2457244**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WAGER, KENT K  
732 RED WING DRIVE  
LAKE MARY, FL 32746 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDT  
Name WAGER, KENT K  
Address 732 RED WING DRIVE  
City-State-Zip: LAKE MARY FL 32746

Title DS  
Name WAGER, MARILYN A  
Address 732 RED WING DRIVE  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name DEMRO, PHILIP A  
Address 1503 GRANVILLE LANE  
City-State-Zip: ORLANDO FL 32803

Title VD  
Name HILL, RUSSELL W  
Address 125 VALENCIA LOOP  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name KOWALSKI, KIMBERLY R  
Address 1611 SILK TREE CIR  
City-State-Zip: SANFORD FL 32773

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RUSSELL HILL**

**VD**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date