


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 694442**


1. Entity Name  
**WADLEY AGENCY, INC.**



Principal Place of Business      Mailing Address

**6271 DUPONT STATION COURT  
 JACKSONVILLE, FL 32217 US**      **6271 DUPONT STATION COURT  
 JACKSONVILLE, FL 32217 US**

**DO NOT WRITE IN THIS SPACE**



02042008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-2108376**

Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WADLEY, CHRISTOPHER P  
 6271 DUPONT STATION COURT  
 JACKSONVILLE, FL 32217**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WADLEY, CHRISTOPHER P 6271 DUPONT STATION COURT JACKSONVILLE, FL 00000, 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WADLEY, CHRISTOPHER P 6271 DUPONT STATION COURT JACKSONVILLE, FL 00000, 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

02/15/08-80017-005-150.00

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.

**SIGNATURE: C.P. Wadley      C.P. WADLEY      2/4/08      904-443-7996**

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