

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000001182</b> 1. Entity Name WADE SERVICES, INC.	
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Principal Place of Business PO DRAWER 399 ELLISVILLE, MS 39437	Mailing Address PO DRAWER 399 ELLISVILLE, MS 39437
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**DO NOT WRITE IN THIS SPACE**

06302004 No Chg-P CR2E034 (10/03)  
4. FEI Number 64-0810818 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KETELTAS, LISA  
5006 SR 54  
NEW PT RICHEY, FL 34653

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADE, SIDNEY A 1178 TUCKERS CROSSING RD. ELLISVILLE, MS 39437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WADE, GAYLOR 1178 TUCKER'S CROSSING RD. ELLISVILLE, MS 39437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000163165  
07/06/04-80002-014 150.00

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IN THIS SPACE**

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:** Gayle Wade 6-30-04 601-477-3205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #