


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001182
 1. Entity Name
WADE SERVICES, INC.



Principal Place of Business
PO DRAWER 399
ELLISVILLE, MS 39437

Mailing Address
PO DRAWER 399
ELLISVILLE, MS 39437



01272005 No Chg-P CR2E034 (10/03)

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4. FEI Number
64-0810818

Applied For
 Not Applied

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 34853

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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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed, or on an attachment with an address, with all other like empowered.