


FILED  
May 08, 2006 8:00 am  
Secretary of State

04-21-2006 90123 008 \*\*\*158.75

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

472

|  |                           |  |   |
|--|---------------------------|--|---|
| DOCUMENT # F98000001182  |                           |   |   |
| 1. Entity Name<br>WADE SERVICES, INC.  |                           |  |   |
| Principal Place of Business<br>PO DRAWER 399<br>ELLISVILLE, MS 39437   |                           | Mailing Address<br>PO DRAWER 399<br>ELLISVILLE, MS 39437   |   |
| 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<br>64-0810818  |                           | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                           | \$8.75 Additional<br>Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>KETELTAS, USA<br>5008 SR 54<br>NEW PT RICHEY, FL 34653  |                           | 7. Name and Address of New Registered Agent<br>Name: <u>CT Corporation</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>1200 S. Pine Island Rd.</u><br>City: <u>Plantation</u> FL Zip Code: <u>33324</u> |   |
| 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 legally able, and accept the obligations of registered agent.   |                           |  |   |
| SIGNATURE: <u>M.S. Green</u>   |                           | M.S. Green, Asst. Secy   |   |
| FILE MONTHLY FEE IS \$150.00<br>After May 1, 2006 Fee will be \$350.00   |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Form   |   |
| 10. OFFICERS AND DIRECTORS   |                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE  | P                         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WADE, SIDNEY A            | NAME   |   |
| STREET ADDRESS   | 1178 TUCKERS CROSSING RD. | STREET ADDRESS   |   |
| CITY-ST-SP   | ELLISVILLE, MS 39437      | CITY-ST-SP   |   |
| TITLE  | ST                        | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WADE, GAYLOR              | NAME   |   |
| STREET ADDRESS   | 1178 TUCKERS CROSSING RD. | STREET ADDRESS   |   |
| CITY-ST-SP   | ELLISVILLE, MS 39437      | CITY-ST-SP   |   |
| TITLE  |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                           | NAME   |   |
| STREET ADDRESS   |                           | STREET ADDRESS   |   |
| CITY-ST-SP   |                           | CITY-ST-SP   |   |
| TITLE  |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                           | NAME   |   |
| STREET ADDRESS   |                           | STREET ADDRESS   |   |
| CITY-ST-SP   |                           | CITY-ST-SP   |   |
| TITLE  |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                           | NAME   |   |
| STREET ADDRESS   |                           | STREET ADDRESS   |   |
| CITY-ST-SP   |                           | CITY-ST-SP   |   |
| 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 filers employees. |                           |  |   |
| SIGNATURE: <u>Gayle Wade</u>   |                           | GAYLE WADE 4-18-06 601-399-1900  |   |

ATTACHMENT

66015267  
# F9800000182

**ACCEPTANCE OF APPOINTMENT**

RE: **Wade Services, Inc. (Mississippi domestic)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: April 13, 2006

CT CORPORATION SYSTEM

By John J. Linnihan  
John J. Linnihan,  
Assistant Vice President