

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001182

Entity Name: WADE SERVICES, INC.

**FILED
Jul 08, 2008
Secretary of State**

Current Principal Place of Business:

PO DRAWER 399
ELLISVILLE, MS 39437

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 399
ELLISVILLE, MS 39437

New Mailing Address:

FEI Number: 64-0810818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATIONS
1200 S. PINE ISLAND RD.
PLANTATION, FL 33332 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WADE, SIDNEY A
Address: 1178 TUCKERS CROSSING RD.
City-St-Zip: ELLISVILLE, MS 39437

Title: ST () Delete
Name: WADE, GAYLOR
Address: 1178 TUCKER'S CROSSING RD.
City-St-Zip: ELLISVILLE, MS 39437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAYLOR WADE

SEC

07/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date