2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H05938

1. Entity Name
WADE TRIM, INC.

Principal Place of Business	Mailing Address
4919 MEMORIAL HWY 200 TAMPA, FL 33634 US	4919 MEMORIAL HWY STE 200 TAMPA, FL 33634 US

01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2417170
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIM, JEFFREY D
4919 MEMORIAL HWY
200
TAMPA, FL 33634

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: Jeffrey D. Trim Jeffrey D. Trim 1/23/06
Signature, type 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATSON, DOUGLAS
STREET ADDRESS	4919 MEMORIAL HWY
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	TRIM, JEFFREY
STREET ADDRESS	4919 MEMORIAL HWY
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	DAIL, DOUGLAS
STREET ADDRESS	4919 MEMORIAL HWY
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	GILDERSLEEVE, DAVID
STREET ADDRESS	4919 MEMORIAL HWY
CITY-ST-ZIP	TAMPA, FL
TITLE	TD
NAME	ZDYRSKI, DONALD E
STREET ADDRESS	25251 NORTHLINE ROAD
CITY-ST-ZIP	TAYLOR, MI 48180
TITLE	VD
NAME	TYMOWSKI, FRANK
STREET ADDRESS	25251 NORTHLINE RD
CITY-ST-ZIP	TAYLOR, MI 48180

U00000405655
02/07/06-80048-010 158.75

DO NOT WRITE IN THIS SPACE

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: Jeffrey D. Trim Jeffrey D. Trim 1/23/06 813-882-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #