2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # H05938

1. Entity Name
WADE TRIM, INC.

Principal Place of Business	Mailing Address
8745 HENDERSON RD RENAISSANCE 5, STE 220 TAMPA, FL 33634 US	8745 HENDERSON RD RENAISSANCE 5, STE 220 TAMPA, FL 33634 US

01172008 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
8745 HENDERSON RD
RENAISSANCE 5, STE 220
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000835584
02/29/08-80041-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATSON, DOUGLAS
STREET ADDRESS	25251 NORTHLINE
CITY-ST-ZIP	TAYLOR, MI 48180
TITLE	V
NAME	TRIM, JEFFREY
STREET ADDRESS	8745 HENDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	V
NAME	MAXMAN, ROBERT
STREET ADDRESS	8745 HENDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VD
NAME	GILDERSLEEVE, DAVID
STREET ADDRESS	8745 HENDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	TD
NAME	PICANO, RALPH
STREET ADDRESS	25251 NORTHLINE
CITY-ST-ZIP	TAYLOR, MI 48180
TITLE	V
NAME	TYMOWSKI, FRANK
STREET ADDRESS	25251 NORTHLINE
CITY-ST-ZIP	TAYLOR, MI 48180

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: Ralph Picano 1/22/08 (734) 947-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #