

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # H23149

1. Entity Name
PATRICIA A. WADE, P.A.



Principal Place of Business
730 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US

Mailing Address
PO BOX 2485
CRYSTAL RIVER, FL 34423 US



02102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2456940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WADE, FLOYD
730 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

**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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WADE, FLOYD F 505 N. MCGOWAN CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WADE, PATRICIA 505 N. MCGOWAN CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WADE, GENE D 255 N. MCGOWAN CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WADE, JAMES 5846 N ROSEWOOD DR BEVERLY HILLS, FL 34465 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WADE, MIKE 138 N ROSEBUSH PT LECANTO, FL 34461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/04/07-80013-010 150.00

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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: Floyd Wade **FLOYD WADE** 4-20-07 352-794-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #