2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J79044

1. Entity Name
WADES CARPET & INTERIORS, INC.

Principal Place of Business
% LARRY WADE
2911 CORTEZ ROAD
BRADENTON, FL 34207

Mailing Address
% LARRY WADE
2911 CORTEZ ROAD
BRADENTON, FL 34207

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2818938	Not Applicable

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

6. Name and Address of Current Registered Agent

WADE, LARRY
2911 CORTEZ ROAD
BRADENTON, FL 34207

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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 _Larry Wade_   _Larry Wade Pres_   1-24-05

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, 2005 Fee will be $550.00

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

U00000197338
01/27/05-80007-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WADE, LARRY
STREET ADDRESS	2911 CORTEZ ROAD
CITY-ST-ZIP	BRADENTON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Larry Wade_   _Larry Wade Pres_   1-24-05   9417585049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #