2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J99329

1. Entity Name
THE JAMES WADE CORPORATION, INC.

Principal Place of Business	Mailing Address
C/O DAPHNE IRENE PALESKY	C/O DAPHNE IRENE PALESKY
6801 GULFPORT BLVD., SUITE 2	6801 GULFPORT BLVD., SUITE 2
SOUTH PASADENA, FL 33707	SOUTH PASADENA, FL 33707

DO NOT WRITE IN THIS SPACE

02092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2861639	Not Applicable

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

6. Name and Address of Current Registered Agent

PALESKY, DAPHNE IRENE
6801 GULFPORT BLVD.
SUITE 2
SOUTH PASADENA, FL 33707

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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 _____

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALESKY, DAPHNE IRENE
STREET ADDRESS	6801 GULFPORT BLVD.
CITY-ST-ZIP	SOUTH PASADENA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Daphne Palesky_ DAPHNE PALESKY PT MAR 2005 727-343-1670

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