2004 FOR PROFIT CORPORATION

K48858 FILED ANNUAL REPORT **DOCUMENT # K48858** 04 JUL 13 AM II: 18 1. Entity Name WADE REALTY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA 04058603 Principal Place of Business Mailing Address 9804 CONSERUATION DR. 9804 CONSERVATION DR. NEW PORT RICHEY, FL. 34655 **NEW PORT RICHEY, FL 34655** US US DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2919527 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WADE, EVERETT R. DO NOT WRITE 9804 CONSERUATION ST. NEW PORT RICHEY, FL. 34655 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 vithe obligations of registered agent registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE WADE, EVERETT R. NAME 9804 CONSERVATION DR STREET ADDRESS NEW PORT RICHEY, FL NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

12. I hereby certify that the information supplied with this filling 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 path; 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:

NAME STREET ADDRESS CITY-ST-ZIP

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