

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000006570																																		
1. Entity Name CHARLES WADLINGTON FINANCIAL SERVICES, INC.																																		
Principal Place of Business 1224 S. FEDERAL HIGHWAY., SUITE 1 LAKE WORTH, FL 33460	Mailing Address 1224 S. FEDERAL HIGHWAY., SUITE 1 LAKE WORTH, FL 33460																																	
DO NOT WRITE IN THIS SPACE																																		
04252005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-1070266 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																		
5. Name and Address of Current Registered Agent WADLINGTON, CHARLES 1224 S FEDERAL HWY SUITE 1 LAKE WORTH, FL 33460		DO NOT WRITE IN THIS SPACE																																
6. 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 <u>Charles E Wadlington</u> President DATE <u>4/30/05</u> (NOTE: Registered Agent signature required when reappointing)																																		
FILE NOW!!! FEE IS \$450.00 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 <table border="1"> <tr> <td>TITLE</td> <td>PSTD</td> </tr> <tr> <td>NAME</td> <td>WADLINGTON, CHARLES F SR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3125 MARTIN AVENUE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE WORTH, FL 33463</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>		TITLE	PSTD	NAME	WADLINGTON, CHARLES F SR.	STREET ADDRESS	3125 MARTIN AVENUE	CITY- ST- ZIP	LAKE WORTH, FL 33463	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		U000000353593 05/03/05-80074-007: 150.00 DO NOT WRITE IN THIS SPACE
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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)(a), 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. I changed, or on an attachment with an address, with all other like empowered																																		
SIGNATURE: <u>Charles E Wadlington</u> President DATE <u>4/30/05</u> (561) 533-8838 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																		