

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P020001Q4074	
1. Entity Name WADE & ASSOCIATES, INC.	
Principal Place of Business 4261 TWILIGHT TRAIL KISSIMMEE, FL 34746	Mailing Address P O BOX 450457 KISSIMMEE, FL 34745



**DO NOT WRITE IN THIS SPACE**

0314

4. FEI  
56

5. Certificate of Status Desired

☒ Additional  
Fee Required

6. Name and Address of Current Registered Agent

WADE, CECILE M  
4261 TWILIGHT TRAIL  
KISSIMMEE, FL 34746

**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

*Cecile M. Wade*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/07

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	P WADE, GLENNON 4261 TWILIGHT TR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, CECILE M 4261 TWILIGHT TR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000667708

03/26/07-80039-008 158.75

**DO NOT WRITE  
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:

*Cecile M. Wade*  
*Cecile M. Wade - Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

DATE

407-518-9095

P020001Q4074  
Please send  
Mar 15 2007 08:00 AM  
Secretary of State  
status as quickly  
as possible. I  
have applied for  
a Montana contractor  
license and they  
have requested one. Thank