

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104074

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

**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2300307

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WADE, CECILE M  
4261 TWILIGHT TRAIL  
KISSIMMEE, FL 34746

**DO NOT WRITE  
IN THIS SPACE**

U000000957731

08/14/08-800004-016 150.00

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* *Cecile M. Wade, V.P.* *8/12/08*

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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

**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* *8/12/08* *407-810-4750*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone