

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059627

Entity Name: MICHELLE T. WADE, P.A.

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

92 S.E. ONTARIO WAY  
STUART, FL 34997

**New Principal Place of Business:**

5990 NW BAYNARD DRIVE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

92 S.E. ONTARIO WAY  
STUART, FL 34997

**New Mailing Address:**

5990 NW BAYNARD DRIVE  
PORT ST LUCIE, FL 34986

FEI Number: 30-0181850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, MICHELLE  
92 S.E. ONTARIO WAY  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

WADE, MICHELLE T  
5990 NW BAYNARD DRIVE  
PORT ST LUCIE, FL 34986 US

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.

SIGNATURE: MICHELLE T WADE

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: WADE, MICHELLE  
Address: 92 S.E. ONTARIO WAY  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: WADE, MICHELLE  
Address: 92 S.E. ONTARIO WAY  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: WADE, MICHELLE T  
Address: 5990 NW BAYNARD DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TD (X) Change ( ) Addition  
Name: WADE, MICHELLE T  
Address: 5990 NW BAYNARD DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE T WADE

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date