

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000119526

Entity Name: WADE GOINES, INC.

**FILED**  
**Feb 20, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

3884 BLACKBERRY CIR.  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

3884 BLACKBERRY CIR.  
ST. CLOUD, FL 34769 US

**New Mailing Address:**

FEI Number: 20-0332929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOINES, WADE  
3884 BLACKBERRY CIR.  
ST. CLOUD, FL 34769 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOINES, WADE  
Address: 3884 BLACKBERRY CIR.  
City-St-Zip: ST. CLOUD, FL 34769 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WADE GOINES

P

02/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date