


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000141122 1. Entity Name ROGER WADE, INC.	
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Principal Place of Business P.O. BOX 1413 CRAWFORDVILLE, FL 32326 US	Mailing Address P.O. BOX 1413 CRAWFORDVILLE, FL 32326 US
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DO NOT WRITE IN THIS SPACE



05172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0443842	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WADE, JOHN R 90 LAWHON MILL ROAD CRAWFORDVILLE, FL 32327

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000566009
05/24/06-80006-009 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 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, JOHN R P.O. BOX 1413 CRAWFORDVILLE, FL 32326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

John R. Wade John R. Wade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-06

Date

850-524-5817

Daytime Phone #