

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 039 \*\*\*150.00

DOCUMENT # P03000152517

1. Entity Name  
WADE ALLEN SR., INC.



Principal Place of Business  
5410 PIPELINE ROAD  
PENSACOLA, FL 32505

Mailing Address  
5410 PIPELINE ROAD  
PENSACOLA, FL 32505

50020462

5410 Pipeline RD

5410 Pipeline RD

2. Principal Place of Business

3. Mailing Address

X

X

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pensacola Fla

Pensacola Fla

City & State

City & State

05152006 Chg-P CR2E034 (11/05)

4. FEI Number  
75-3141784

Applied For  
Not Applicable

Zip  
32505

Country  
Escambia

Zip  
32505

Country  
Escambia

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, WADE L SR.  
5410 PIPELINE RD.  
PENSACOLA, FL 32505

Name WADE Allen SR Inc

Street Address (P.O. Box Number is Not Acceptable)

5410 Pipeline RD

City Pensacola Fla

FL

Zip Code 32505

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 WADE Allen SR Inc Wade Allen SR Inc 5/30/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P  
STREET ADDRESS ALLEN, WADE L SR.  
CITY-ST-ZIP 5410 PIPELINE ROAD  
PENSACOLA, FL 32505 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: Wade Allen SR WADE Allen SR 5/30/06 493-3527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #