

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 016 ***150.00

DOCUMENT # P04000005870

1. Entity Name
WADE PAPERHANGERS, INC.



Principal Place of Business
**2805 NE 12TH AVE
OCALA, FL 34470**

Mailing Address
**2805 NE 12TH AVE
OCALA, FL 34470**

50006611

2. Principal Place of Business
821 NE 45th Street

3. Mailing Address
821 NE 45th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01202008

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0582080

Applied For
Not Applicable

Zip
34479

Country
USA

Zip
34479

Country
USA

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

**WADE, MATTHEW D
2805 NE 12TH AVE
OCALA, FL 34470**

Name
WADE, JESSE R.
Street Address (P.O. Box Number is Not Acceptable)
821 NE 45th Street
City
OCALA FL Zip Code
34479

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: Jesse R. Wade
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	WADE, MATTHEW D	
STREET ADDRESS	2005 NE 12TH AVE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WADE, ALISON M	
STREET ADDRESS	2005 NE 12TH AVE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	BY	<input type="checkbox"/> Delete
NAME	WADE, JESSE R	
STREET ADDRESS	821 NE 45TH ST	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WADE, CHRISTINE A	
STREET ADDRESS	821 NE 45TH ST	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Jesse R. Wade Jesse R. Wade

2/25/06
Date

352-804-8936
Daytime Phone #