

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90043 019 ***150.00

DOCUMENT # P04000081150

1. Entity Name

WADE ALIFF, INC.



Principal Place of Business

209 N. SAMSULA DRIVE
NEW SMYRNA BEACH FL 32168
US

Mailing Address

209 N. SAMSULA DRIVE
NEW SMYRNA BEACH FL 32168
US



2. Principal Place of Business - No P.O. Box #

209 N Samsula Drive

Suite, Apt. #, etc.

3. Mailing Address

209 N Samsula Drive

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

4. FEI Number 20-1145313

Applied For

Not Applicable

Zip

32168

Country

Volusia

Zip

32168

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALIFF, WADE P
209 N. SAMSULA DRIVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ALIFF, WADE P ☐ Delete
STREET ADDRESS: 209 N. SAMSULA DRIVE
CITY - ST - ZIP: NEW SMYRNA BEACH FL 32168

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:

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STREET ADDRESS:
CITY - ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 P Aliff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #