

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000127341

**Entity Name:** WADE LITTLEFIELD, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

257 READING STREET  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

257 READING STREET  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 83-0405651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLEFIELD, WADE  
257 READING ST.  
PORT CHARLOTTE, FL 33952 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LITTLEFIELD, WADE  
Address: 257 READING STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: LITTLEFIELD, ROSEMARIE  
Address: 257 READING STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: WADE LITTLEFIELD

D

04/25/2012

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

\_\_\_\_\_  
Date