

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90007 030 \*\*\*158.75

<b>DOCUMENT # P04000138681</b> 1. Entity Name <b>REED WADE INSURANCE AGENCY, INC.</b>																													
Principal Place of Business <b>10 FAULKNER STREET SUITE 1 NEW SMYRNA BEACH, FL 32168</b>			Mailing Address <b>10 FAULKNER STREET SUITE 1 NEW SMYRNA BEACH, FL 32168</b>																										
2. Principal Place of Business - No P.O. Box # <b>100 FAULKNER ST</b>		3. Mailing Address <b>100 FAULKNER ST.</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>NEW SMYRNA BEACH, FL</b>		City & State <b>NEW SMYRNA BEACH, FL</b>																											
Zip <b>32168</b>		Country <b>VOLUSIA</b>		4. FEI Number <b>20-1838072</b>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		02122008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent  <b>WADE, GEORGE R 10 FAULKNER STREET SUITE 1 NEW SMYRNA BEACH, FL 32168</b>				7. Name and Address of New Registered Agent Name <b>WADE, GEORGE REED</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 FAULKNER ST.</b> City <b>NEW SMYRNA BEACH FL</b> Zip Code <b>32168</b>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P WADE, GEORGE R</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>10 FAULKNER STREET #1</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NEW SMYRNA BEACH, FL 32168</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P WADE, GEORGE R	<input type="checkbox"/> Delete	NAME	10 FAULKNER STREET #1		STREET ADDRESS	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P WADE, GEORGE REED</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>100 FAULKNER ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NEW SMYRNA BEACH, FL 32168</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P WADE, GEORGE REED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	100 FAULKNER ST.		STREET ADDRESS	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
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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 687, 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: <u>George R. Wade</u> 2/12/08 386-423-9209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													