


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P05000001297 1. Entity Name WADE RV, INC.	
--	---

Principal Place of Business 6130 LAZY DAYS BLVD. SEFFNER, FL 33584	Mailing Address POST OFFICE BOX 2115 VALRICO, FL 33595
--	--

DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2101839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WADE, MARK
3529 SALLY PARRISH TRAIL
VALRICO, FL 33594**

DO NOT WRITE
IN THIS SPACE

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 constituting) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000844478 03/12/08-80037-021 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE P	WADE, MARK 3529 SALLY PARRISH TRAIL VALRICO, FL 33594
TITLE VP	JENSEN, JOHAN H JR. 1330 COUNTRY OAKS LANE LAKELAND, FL 33810
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

DO NOT WRITE
IN THIS SPACE

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 reports 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:  **2/28/08 (813) 626-8697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #