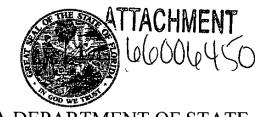
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

3/1

DOCUMENT # P05000009971 1. Entity Name WADE'S EXPRESS, INC.				03-13-2	006 90067 020 ***150.00
Principal Place of Business Mailing Address					
20839 COUNTY ROAD 137 LAKE CITY, FL 32024		20839 COUNTY ROAD 137 Lake City, FL 32024		.!.	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062006 Chg-P	CR2E034 (11/05)
City & State		City & State		4. FEI Number 99822	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	rit Registered Agent	Nome	7. Name and Address of New R	<u> </u>
WADE, MASON L JR. 23493 B1ST ROAD O'BRIEN, FL 32071				ss (P.O. Box Number is Not Acceptable	
			City		FL Zip Code
	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Flo	rida. I sm familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered ag	and said little of saiding white	TE: Registered Agent signsture requ		DATE
FiLI After Ma	E NOWIII FEE I8 \$150.00 ay 1, 2006 Fee will be \$55	9. Election Campa 7.00 Trust Fund Con		55.00 May Be udded to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME STREET ADDRESS	D WADE, MASON L JR 23493 81ST ROAD	☐ Deleta	TIFLE HAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZDP	O'BRIEN, FL 32071	001	CTY-ST-ZP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ 0eletz	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		C Detain	TITLE MARE	, ,,	Change Addition
STREET ADDRESS			STREET ADDRESS	· · ·	
TITLE NAME STREET ADDRESS		Deten	TITLE HAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ACCRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby of indicated of the corchanged	certify that the information supplied of on this reportor supplier rental reportor supplier rental reportor position or the receipt of principle elements. Or on an attachment with an address	with this filling does not qualify in it is true and that impowered to execute this reports, with all other like empty and	for the exemptions contain my signature shall have that as required by Chapter of	ned in Chapter 119, Florida Statutes, I he same legal effect as if made under o 607, Florida Statutes; and that my name	further certify that the information aft; that I am an officer or director appears in Block 10 or Block 11 if
SIGNAT	1 // 1/1/20	- V/ 1A / 1// 1			386.935-3381



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2006

WADE"S EXPRESS, INC. 20839 COUNTY ROAD 137 LAKE CITY, FL 32024

Subject: WADE'S EXPRESS, INC.

Reference Number:

P05000009971

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION