

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033579

Entity Name: WADE PROPERTIES, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

4570 VIRGINIA DRIVE  
ORLANDO, FL 32814 US

## New Principal Place of Business:

8405 ANTHONY DRIVE  
PLACIDA, FL 33946 US

## Current Mailing Address:

POB 454  
PLACIDA, FL 33946 US

## New Mailing Address:

FEI Number: 59-3182457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONOVER-WADE, HOLLY  
4570 VIRGINIA DRIVE  
ORLANDO, FL 32814 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WADE, JAMES W  
Address: POB 454  
City-St-Zip: PLACIDA, FL 33946

Title: DVP ( ) Delete  
Name: CONOVER-WADE, HOLLY  
Address: POB 454  
City-St-Zip: PLACIDA, FL 33946

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES W. WADE

PRES

01/14/2009

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

\_\_\_\_\_  
Date