2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000029577

1. Entity Name
WADE'S BALED PINESTRAW, INC.

Principal Place of Business	Mailing Address
20839 COUNTY ROAD 137	20839 C.R. 137
LAKE CITY, FL 32024	LAKE CITY, FL 32024

DO NOT WRITE IN THIS SPACE

03062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3298737	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WADE, MASON L JR
24848 SR 247
O BRIEN, FL 32071

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2006 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WADE, MASON L JR
STREET ADDRESS	24848 SR 247
CITY-ST-ZIP	O BRIEN, FL 32071
TITLE	PST
NAME	WADE, MASON L JR
STREET ADDRESS	20839 C.R. 137
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 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: _____   2-7-06   386-935-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #