

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076157

**FILED**  
**Feb 12, 2008**  
**Secretary of State**

**Entity Name:** WADE, PALMER & SHOEMAKER, P.A.

**Current Principal Place of Business:**

25 WEST CEDAR STREET  
STE 450  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13510  
PENSACOLA, FL 325913510 US

**New Mailing Address:**

**FEI Number:** 59-3467674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WADE, LINDA H  
1900 WHALEY AVENUE  
PENSACOLA, FL 32503 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: D ( ) Delete  
Name: SCHOFIELD, MICHAEL J  
Address: 601 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: WADE, LINDA H  
Address: 1900 WHALEY AVENUE  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PALMER, ROBERT C III  
Address: 4604 ROMMITCH LANE  
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Change ( ) Addition  
Name: SHOEMAKER, GREGORY M  
Address: 521 TURNBERRY ROAD  
City-St-Zip: CANTONMENT, FL 32533

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:** LINDA H. WADE

DIR

02/12/2008

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

\_\_\_\_\_  
Date