

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P98000009644

1. Entity Name
PADULA & WADSWORTH RESIDENTIAL, INC.



Principal Place of Business
2100 N ANDREWS AVE EXT
POMPANO BEACH, FL 33069 US

Mailing Address
2100 N ANDREWS AVE EXT
POMPANO BEACH, FL 33069 US



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADULA, HARRY R
2100 N ANDREWS AVE EXT
POMPANO BEACH, FL 33069

**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 reinstating) 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. ☐ **\$5.00** May Be
Added to Fees

U00000910449
05/06/08-80109-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PADULA, HARRY R
STREET ADDRESS	2100 N ANDREWS AVE EXT
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	VP
NAME	WADSWORTH, WALTER
STREET ADDRESS	2100 N ANDREWS AVE EXT
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Wadsworth V.P. 4-17-08 954474-3262