FILED
Apr 29, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000104003

1. Entity Name
J.M. WADD, INC.

Principal Place of Business	Mailing Address
8402 QUARTZ PLACE TAMPA, FL 33615	8402 QUARTZ PLACE TAMPA, FL 33615

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558886
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIORE, DONNA M
8402 QUARTZ PLACE
TAMPA, FL 33615

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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: Donna Fiore 4-27-05
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, 2005 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	FIORE, JOHN
STREET ADDRESS	8402 QUARTZ PL.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VP
NAME	FIORE, WILLIAM
STREET ADDRESS	323 W. MAYA
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	ST
NAME	CANCHOLA, DAVID
STREET ADDRESS	3011 MARLIN AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	CANCHOLA, MONICA
STREET ADDRESS	3011 MARLIN AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	FIORE, DONNA
STREET ADDRESS	8402 QUARTZ PL
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	FIORE, APRIL
STREET ADDRESS	323 W. HAYA
CITY-ST-ZIP	TAMPA, FL 33603

U00000344136
04/29/05-80122-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Fiore John Fiore 4/26/05 813 884-7769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #