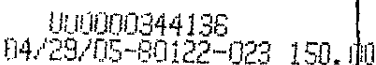


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000104003		
1. Entity Name J.M. WADD, INC.		
Principal Place of Business 8402 QUARTZ PLACE TAMPA, FL 33615		Mailing Address 8402 QUARTZ PLACE TAMPA, FL 33615
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FIORE, DONNA M 8402 QUARTZ PLACE TAMPA, FL 33615		 04262005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3558886 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		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 <i>Donna Fiore</i> Signature, typed or printed name of registered agent, and fee if applicable.		4-27-05 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	 04/29/05-80122-023 150.00 DO NOT WRITE IN THIS SPACE
NAME	FIORE, JOHN	
STREET ADDRESS	8402 QUARTZ PL.	
CITY-STATE-ZIP	TAMPA, FL 33615	
TITLE	VP	
NAME	FIORE, WILLIAM	
STREET ADDRESS	323 W. MAYA	
CITY-STATE-ZIP	TAMPA, FL 33603	
TITLE	ST	
NAME	CANCHOLA, DAVID	
STREET ADDRESS	3011 MARLIN AVE.	
CITY-STATE-ZIP	TAMPA, FL 33611	
TITLE	D	
NAME	CANCHOLA, MONICA	
STREET ADDRESS	3011 MARLIN AVE.	
CITY-STATE-ZIP	TAMPA, FL 33611	
TITLE	D	
NAME	FIORE, DONNA	
STREET ADDRESS	8402 QUARTZ PL.	
CITY-STATE-ZIP	TAMPA, FL 33615	
TITLE	D	
NAME	FIORE, APRIL	
STREET ADDRESS	323 W. HAYA	
CITY-STATE-ZIP	TAMPA, FL 33603	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: <i>John Fiore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/26/05 Daytime Phone # 884-7769