

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 016 ***150.00

DOCUMENT # P99000100102

1. Entity Name
WADE TEAM REALTY, INC.



Principal Place of Business
**916 N. SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429**

Mailing Address
**916 N. SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429**

2. Principal Place of Business
730 N. Suncoast Blvd
Suite, Apt. #, etc.

3. Mailing Address
730 N Suncoast Blvd
Suite, Apt. #, etc.

02252005 Chg-P CR2E034 (10/03)

City & State
Crystal River FL
Zip **34429** Country

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Crystal River FL
Zip **34429** Country

4. FEI Number
59-3611526
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WADE, GENE D
916 N. SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name
Gene D. Wade
Street Address (P.O. Box Number is Not Acceptable)
730 N. Suncoast Blvd.
City **Crystal River** **FL** Zip Code **34429**

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.

GENE D WADE

(NOTE: Registered Agent signature required when reinstating)

4-11-05

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WADE, GENE D 73 N. PIZARRO PT. LECANTO, FL 34461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WADE, FLOYD F 6095 WHISPERING OAKS LOOP BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WADE, MIKE 138 N ROSEBUSH PT LECANTO, FL 34461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WADE, JAMES A 5846 N. ROSEWOOD DR. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WADE, PATRICIA A 6095 SHISPERING OAKS LOOP BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

6095 Whispering Oaks Loop

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:

Gene D. Wade

4-11-05

352-794-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #