

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90227 029 ***150.00

DOCUMENT # P99000100102

1. Entity Name
WADE TEAM REALTY, INC.



Principal Place of Business
**730 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**730 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US**

50016646



04192006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3611526

Applied For
Not Applicable

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
WADE, GENE D
73 N. PIZARRO PT.
LECANTO, FL 34461**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**255 N McGowan
Crystal River FL 34429**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVP
WADE, FLOYD F
6095 WHISPERING OAKS LOOP
BEVERLY HILLS, FL 34465**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**505 N McGowan
Crystal River FL 34429**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
WADE, MIKE
138 N ROSEBUSH PT
LECANTO, FL 34461**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
WADE, JAMES A
5846 N. ROSEWOOD DR.
BEVERLY HILLS, FL 34465**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVP
WADE, PATRICIA A
6095 WHISPERING OAKS LOOP
BEVERLY HILLS, FL 34465**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**505 N McGowan
Crystal River FL 34429**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Floyd F Wade

Floyd F Wade

4-21-06

352-794-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #