

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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**



02102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
730 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429**

**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 _____

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, 2007 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
255 NORTH MCGOWAN
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
WADE, FLOYD F
505 NORTH MCGOWAN
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WADE, MIKE
138 N ROSEBUSH PT
LECANTO, FL 34461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WADE, JAMES A
5846 N. ROSEWOOD DR.
BEVERLY HILLS, FL 34465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
WADE, PATRICIA A
505 NORTH MCGOWAN
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000726582
05/04/07-80013-012 150.00

**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: _____

GENE D WADE

4-20-07

352-794-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #