

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 035 ***150.00

DOCUMENT # L03501

1. Entity Name

RADIANT PROPERTIES, INC.



Principal Place of Business

3001 CURRY FORD RD
ORLANDO FL 32806

Mailing Address

3001 CURRY FORD RD
ORLANDO FL 32806

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7101 Presidents Dr.

Suite, Apt. #, etc.
#350

City & State

Orlando, FL

Zip
32809

Country
Orange

4. FEI Number

59-2969643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARK, JOHN N
3001 CURRY FORD RD
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name
PARK, JOHN N.

Street Address (P.O. Box Number is Not Acceptable)
7101 Presidents Dr. Ste 350

City Orlando

FL

Zip Code
32809

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.

JOHN N. PARK

(NOTE: Registered Agent signature required when reinstating)

1/28/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME PARK, JOHN N
STREET ADDRESS 2913 CULLEN LAKE SHORE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE V ☐ Delete
NAME PARK, CHRISTINE
STREET ADDRESS 2913 CULLEN LAKE SHORE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition
NAME PARK, JOHN N.
STREET ADDRESS 6248 LOUISE COVE DR.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE V ☒ Change ☐ Addition
NAME PARK, CHRISTINE
STREET ADDRESS 6248 LOUISE COVE DR.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 N. PARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04
Date

(407) 240-0110
Daytime Phone #