2005

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 557713

1. Entity Name
DAVID RADCLIFFE, INC.

Principal Place of Business	Mailing Address
6875 PHILLIPS HWY	P O BOX 56272
JACKSONVILLE, FL 32217 US	JACKSONVILLE, FL 32241 US

DO NOT WRITE IN THIS SPACE

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1786582	Not Applicable

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

6. Name and Address of Current Registered Agent

RADCLIFFE, DAVID
3840-1 WILLIAMSBURG PARK BLVD.
JACKSONVILLE, FL 32257

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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

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RADCLIFFE, DAVID G.
STREET ADDRESS	3840-1 WILLIAMSBURG PK. BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	D
NAME	RADCLIFFE, NANCY
STREET ADDRESS	3840-1 WILLIAMSBURG PK. BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _David Radcliffe_   4/30/04   904-399-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

4/29/05 904-399-1111