


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 033 ***150.00

DOCUMENT # F95000001703		
1. Entity Name KRADLES, INC.		

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Principal Place of Business 115 FIRST ST. EAST #108 TIERRA VERDE, FL 33715 US	Mailing Address 115 FIRST ST. EAST #108 TIERRA VERDE, FL 33715 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05052008 Chg-P CR2E034 (12/06)

4. FEI Number 36-2756754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRADLE, GARY L 115 FIRST ST EAST #108 TIERRA VERDE, FL 33704		7. Name and Address of New Registered Agent	
		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 _____
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KRADLE, GARY L 115 FIRST ST. EAST #108 TIERRA VERDE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, JUDY 115 FIRST ST. EAST #108 TIERRA VERDE, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____	Signature and typed or printed name of signing officer or director	Date: 5/14/08	Daytime Phone: 727-866-1133
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Document Number F95000001703

Business Entity Name KRADLES, INC.

FEI Number 36 - 2756754

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 115 FIRST ST. EAST (PO Box not acceptable)

Suite, Apt. #, etc. #108

City, State TIERRA VERDE , FL

Zip Code & Country 33715 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 115 FIRST ST. EAST

Suite, Apt. #, etc. #108

City, State TIERRA VERDE , FL

Zip Code & Country 33715 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) KRADLE , GARY , L ,

- OR -

Business to serve as RA

Street Address In Florida 115 FIRST ST EAST #108 (PO Box not acceptable)

Suite, Apt. #, etc.

City, State TIERRA VERDE , FL

Zip Code & Country 33704 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

ATTACHMENT

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Officer/Director Name And Address**Name And Address #1**

Title PCD
Name (Last, First, Middle, Title) KRADLE, GARY, L
- OR -
Entity Name to serve as Officer/Director

Street Address 115 FIRST ST. EAST #108
City, State TIERRA VERDE, FL
Zip Code & Country

Name And Address #2

Title SD
Name (Last, First, Middle, Title) FISHER, JUDY
- OR -
Entity Name to serve as Officer/Director

Street Address 115 FIRST ST. EAST #108
City, State TIERRA VERDE, FL
Zip Code & Country

Name And Address #3

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Name And Address #4

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Name And Address #5

Title
Name (Last, First, Middle, Title)

ATTACHMENT

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- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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