2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # G04716

1. Entity Name
RAD-STAT, INC.

Principal Place of Business	Mailing Address
5377 W JUPITER WAY CHANDLER, AZ 85226	5377 W JUPITER WAY CHANDLER, AZ 85226

04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0051635
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERRITT, DAVID M
5950 WEST SHORES ROAD
ORANGE PARK, FL 32003

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000337562
04/27/05-80172-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MERRITT, DONALD R
STREET ADDRESS	5377 W. JUPITER WAY
CITY-ST-ZIP	CHANDLER, AZ 85226
TITLE	VD
NAME	MERRITT, DAVID M
STREET ADDRESS	5950 WEST SHORES ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	D
NAME	MERRITT, WILHEMENIA
STREET ADDRESS	5950 WEST SHORES ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	D
NAME	MERRITT, MATTHEW G
STREET ADDRESS	5377 W. JUPITER WAY
CITY-ST-ZIP	CHANDLER, AZ 85226
TITLE	D
NAME	MERRITT, MELODY N
STREET ADDRESS	5377 W. JUPITER WAY
CITY-ST-ZIP	CHANDLER, AZ 85226
TITLE	VD
NAME	MERRITT, SANDRA J
STREET ADDRESS	5377 W. JUPITER WAY
CITY-ST-ZIP	CHANDLER, AZ 85226

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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: _____ 20Apr05 6024108922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #