


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-06-2004 90027 035 ***150.00

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|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03501 1. Entity Name RADIANT PROPERTIES, INC. |  |
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| Principal Place of Business 3001 CURRY FORD RD ORLANDO FL 32806 | Mailing Address 3001 CURRY FORD RD ORLANDO FL 32806 |
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MOORE CR2E034 (11/03)

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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 7101 Presidents Dr. #350 |
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|------------------------------------|------------------------------------|--------------------------------------------------------|
| City & State Orlando, FL | 4. FEI Number 59-2969643 | Applied For <input type="checkbox"/> Not Applicable |
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|---------------------|---------|---------------------|--------------------------|----------------------------------------------------------------------------------------------------|
| Zip 32809 | Country | Zip 32809 | Country Orange | 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 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 |
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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  **JOHN N. PARK** DATE **1/28/04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS PARK, JOHN N 2913 CULLEN LAKE SHORE DR ORLANDO FL 32812 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PARK, CHRISTINE 2913 CULLEN LAKE SHORE DR ORLANDO FL 32812 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS PARK, JOHN N. 6248 LOUISE COVE DR. WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PARK, CHRISTINE 6248 LOUISE COVE DR. WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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** DATE **1/28/04** (407) 240-0110
Signature and typed or printed name of signing officer or director Date Daytime Phone #