

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 23 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04222008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P03000021726</b> 1. Entity Name <b>RADEY THOMAS YON &amp; CLARK, P.A.</b>					
Principal Place of Business <b>301 S. BRONOUGH STREET SUITE 200 TALLAHASSEE, FL 32301</b>			Mailing Address <b>P.O. BOX 10967 TALLAHASSEE, FL 32302</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>MILLER, TRAVIS 301 S. BRONOUGH STREET SUITE 200 TALLAHASSEE, FL 32301</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>75-3101245</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For <input type="checkbox"/> Not Applicable	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO RADEY, JOHN A 301 S. BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301</b> <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	<b>TCFO MILLER, TRAVIS L 301 S. BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700125317147 04/23/08--01033--025 ***61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COMBS, BERT L 301 S. BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301</b> <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	<b>C YON, DAVID A 301 S. BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301</b> <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	<b>C THOMAS, HARRY O 301 S. BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301</b> <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	<b>V LUNNY, CHRISTOPHER B 301 S. BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301</b> <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.					
<b>SIGNATURE:</b> <u>Bert Combs</u> <b>Bert Combs</b> <u>4/23/08</u> <b>858 425 6654</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Radey Thomas Yon & Clark  
Document # P03000021726

FILED

2008 APR 23 PM 1:59

Additional Officers and Directors:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Title	V
Name	Donna Blanton
Street Address	301 S. Bronough Street, Suite 200
City - St - Zip	Tallahassee, Florida 32301
Title	V
Name	Jeffrey Frehn
Street Address	301 S. Bronough Street, Suite 200
City - St - Zip	Tallahassee, Florida 32301
Title	V
Name	Susan Clark
Street Address	301 S. Bronough Street, Suite 200
City - St - Zip	Tallahassee, Florida 32301
Title	V
Name	Karen Asher - Cohen
Street Address	301 S. Bronough Street, Suite 200
City - St - Zip	Tallahassee, Florida 32301
Title	V
Name	Elizabeth McArthur
Street Address	301 S. Bronough Street, Suite 200
City - St - Zip	Tallahassee, Florida 32301