


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90316 027 ***150.00

DOCUMENT # P03000041135					
1. Entity Name RADIANT SOFTWARE SOLUTIONS, INC.					
Principal Place of Business 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789			Mailing Address 501 N. ORANGE AVE. SUITE 313, PMB 190 WINTER PARK, FL 32789-7313		
2. Principal Place of Business		3. Mailing Address 501 N. ORLANDO AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 313, PMB 190			
City & State		City & State WINTER PARK, FL		4. FEI Number 45-0511705	
Zip		Zip 32789-7313		Country	
6. Name and Address of Current Registered Agent USHER, WILLIAM T 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, PETER S 2228 WOODCREST DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMPAGNE, FRANTZ 1601 GLENHAVEN CIRCLE OCOEE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USHER, WILLIAM T 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USHER, WILLIAM T. 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USHER, WILLIAM T. 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USHER, WILLIAM T. 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789	<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: <u>William T. Usher</u>		WILLIAM T. USHER		2/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

30024974



02262005 Chg-P CR2E034 (10/03)

4. FEI Number
45-0511705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

USHER, WILLIAM T
1950 ALBERT LEE PARKWAY
WINTER PARK, FL 32789

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MURPHY, PETER S
2228 WOODCREST DRIVE
WINTER PARK, FL 32792

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHAMPAGNE, FRANTZ
1601 GLENHAVEN CIRCLE
OCOEE, FL 34761

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
USHER, WILLIAM T
1950 ALBERT LEE PARKWAY
WINTER PARK, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
USHER, WILLIAM T.
1950 ALBERT LEE PARKWAY
WINTER PARK, FL 32789

☒ Change ☐ Addition

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☐ Delete

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SIGNATURE: William T. Usher WILLIAM T. USHER

2/28/05

407-628-5343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #