

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90027 031 ***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. ORLANDO AVE.
SUITE 313, PMB 190
WINTER PARK, FL 32789-7313

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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IN THIS SPACE**

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:

William T. Usher WILLIAM T. USHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date

407-628-5343 x111
Daytime Phone #