

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90071 029 ***150.00

DOCUMENT # P03000063134

1. Entity Name
NITE RAD, INC.



Principal Place of Business
**698 SW PORT ST. LUCIE BLVD
SUITE 109
PORT SAINT LUCIE, FL 34953**

Mailing Address
**698 SW PORT ST. LUCIE BLVD
SUITE 109
PORT SAINT LUCIE, FL 34953**

40072096



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
54-2113293

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENNOS, ALEXANDER N
468 SW PORT ST LUCIE BLVD
SUITE 109
PORT SAINT LUCIE, FL 34953**

Name **VENNOS, ALEXANDER N.**
Street A **698 SW Port St. Lucie Blvd.**
Suite 109
City **Port St. Lucie, FL 34953** 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

4.17.07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
VENNOS, ALEXANDER N
698 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD VENNOS, ALEXANDER N.
698 SW Port St. Lucie Blvd.
Suite 109
Port St. Lucie, FL 34953** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.07

Date

772.873.4525

Daytime Phone #