

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2004-90121-036-\$150.00-\$150.00

DOCUMENT # P03000104617 1. Entity Name RADABAUGH HOLDINGS, INC.					
Principal Place of Business 352 NE 3RD AVENUE DELRAY BEACH, FL 33444			Mailing Address 352 NE 3RD AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 73-1679827 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		09012004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent RADABAUGH, RENEE 352 NE 3RD AVENUE DELRAY BEACH, FL 33444			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 _____ DATE _____ Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature is required when retitling)					
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADABAUGH, RENEE 352 NE 3RD AVENUE DELRAY BEACH, FL 33444 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information submitted 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 9/1/2004 561 Daytime Phone # 243-2875		

FILED
04 NOV -5 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

