

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P03000130950

1. Entity Name
RAD R&D INC.



Principal Place of Business
**1907 N 1380
NORTH LOGAN, UT 84341**

Mailing Address
**P.O. BOX 6271
LOGAN, UT 84341**

DO NOT WRITE IN THIS SPACE



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0396014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEVITO, RAYMOND
6119 30TH AVE NORTH
SAINT PETERSBURG, FL 33710**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000627407
02/15/07-80061-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DE VITO, RAYMOND
STREET ADDRESS	6119 30TH AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VPS
NAME	DE VITO, MARY L
STREET ADDRESS	1907 N 1380 E
CITY-ST-ZIP	NORTH LOGAN, UT 84341
TITLE	D
NAME	SCOTT, III, JAMES E
STREET ADDRESS	5550 5TH WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07

Date

435-797-9615

Daytime Phone #