

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000058958

1. Entity Name
TDAD MANAGEMENT, INC.



Principal Place of Business
30 S. IVEY LANE
ORLANDO, FL 32811

Mailing Address
30 S. IVEY LANE
ORLANDO, FL 32811



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0861680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, KEITH N
30 S. IVEY LANE
ORLANDO, FL 32811

**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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000799601
01/30/08-80073-003 158.75

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | WALLACE, DERRICK D |
| STREET ADDRESS | 30 S. IVEY LANE |
| CITY- ST- ZIP | ORLANDO, FL 32811 |
| TITLE | D |
| NAME | WILLIAMS, KEITH N |
| STREET ADDRESS | 30 S. IVEY LANE |
| CITY- ST- ZIP | ORLANDO, FL 32811 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| 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 another like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 46795-9812
Date Division Phone #