

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 046 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000050055

1. Entity Name
RADSICK ADVERTISING GROUP, INC.



50000579

Principal Place of Business Mailing Address
1109 PINELLAS BAY WAY SOUTH 1109 PINELLAS BAY WAY SOUTH
UNIT 306 UNIT 306
TIERRA VERDE, FL 33715 US TIERRA VERDE, FL 33715 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1109 Pinellas Bayway Suite, Apt. #, etc. Suite, Apt. #, etc. Same

City & State City & State
Terra Verde, FL

Zip Country Zip Country
33715 USA

02052008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
None Not Applicable

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

RADSICK, DEBBIE L Name
1109 PINELLAS BAY WAY SOUTH Street Address (P.O. Box Number is Not Acceptable)
UNIT 306
TIERRA VERDE, FL 33715 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 [Signature] 2-6-08
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, 2008 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	P RADSICK, DEBBIE L 1109 PINELLAS BAY WAY SOUTH, UNIT 306 TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 2-6-08 727-846-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #