

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000014501

1. Entity Name
RADY-ROLFES, INC.



FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
3370 CAP CIRCLE N.E.
SUITE F
TALLAHASSEE, FL 32303 US

Mailing Address
1133 ALACHUA AVE
TALLAHASSEE, FL 32308



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3158288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROLFES, THOMAS H
1133 ALACHUA AVE
TALLAHASSEE, FL 32308

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: *Thomas H. Rolfes* Thomas H. Rolfes V.P.

4/12/04
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROLFES, SHARON RADY
STREET ADDRESS 1133 ALACHUA AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VP
NAME ROLFES, THOMAS H.
STREET ADDRESS 1133 ALACHUA AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
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04/19/04-80025-008 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied 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: *Thomas H. Rolfes* Thomas H. Rolfes V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04
Date

850 222 4452
Daytime Phone #