

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014501

Entity Name: RADY-ROLFES, INC.

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3370 CAP CIRCLE N.E.  
SUITE F  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

1637 METROPOLITAN BLVD  
SUITE C1  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

1133 ALACHUA AVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-3158288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROLFES, THOMAS H  
1133 ALACHUA AVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROLFES, SHARON RADY  
Address: 1133 ALACHUA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: ROLFES, THOMAS H.  
Address: 1133 ALACHUA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON RADY ROLFES

PRES

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date