

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000041812

1. Entity Name
NATIONAL RETIREMENT DEVELOPMENT COMPANY



Principal Place of Business

**11311 SW 95 CIR
OCALA, FL 34481**

Mailing Address

**11311 SW 95 CIR
OCALA, FL 34481**

DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0666565

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**HAINES, TIM D
125 NE FIRST AVENUE
SUITE 1
OCALA, FL 34470**

**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

10. OFFICERS AND DIRECTORS

TITLE P
NAME RADICE, ARTHUR
STREET ADDRESS 11311 SW 95 CIR
CITY-ST-ZIP OCALA, FL 34481

TITLE S
NAME RADICE, BETTY
STREET ADDRESS 11311 SW 95 CIR
CITY-ST-ZIP OCALA, FL 34481

TITLE VP
NAME STILWELL, ERIKA
STREET ADDRESS 11311 SW 95 CIR
CITY-ST-ZIP OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000645098
03/02/07-80070-009 150.00

**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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR RADICE

2/20/07 **352-209-3150**
Date Daytime Phone #