

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 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**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0666565

Applied For
Not Applicable

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

6. 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, 2008 Fee will be \$550.00**

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

**U000000921158
05/14/08-80074-011 150.00**

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	

**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 all other like empowered.

SIGNATURE:

Betty Radice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

(352) 861-2504
Daytime Phone #

BETTY RADICE