

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P98000075142

1. Entity Name
R.D.K. MANAGEMENT, INC.



Principal Place of Business
**131-B BUSINESS CENTER DRIVE
SUITE 11
ORMOND BEACH, FL 32174**

Mailing Address
**PO BOX 1626
ORMOND BEACH, FL 32175**



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3531784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLEDSON, JAMES R
131-B BUSINESS CENTER DRIVE
ORMOND BEACH, FL 32174**

**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 D
NAME BLEDSON, DENEAH
STREET ADDRESS 131-B BUSINESS CENTER DRIVE, SUITE 11
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME BLEDSON, JAMES R
STREET ADDRESS 131-B BUSINESS CENTER DRIVE, SUITE 11
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME ALTHOUSE, KELLI B
STREET ADDRESS 131-B BUSINESS CENTER DRIVE, SUITE 11
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80107-003 150.00

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: **JAMES RONNIE BLEDSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/07
Date

386-676-1501
Daytime Phone #