

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90057 036 \*\*\*150.00

**DOCUMENT # S20187**

1. Entity Name  
R A D INC.



40096865



Principal Place of Business  
5456-C W CRENSHAW ST  
TAMPA, FL 33634 US

Mailing Address  
16528 N. DALE MABRY HWY  
TAMPA, FL 33618 US

2. Principal Place of Business - No P.O. Box #  
16528 N. Dale Mabry Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State  
Tampa, Florida  
Zip 33618 Country

City & State  
Zip Country

4. FEI Number  
59-3046859  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SANDERS, WALTER  
16528 N. DALE MABRY HWY  
TAMPA, FL 33618

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Walter Sanders Walter Sanders 4/29/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting) (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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME DOYLE, RAYMOND A.  
STREET ADDRESS 5456 -C W CRENSHAW ST  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☒ Change ☐ Addition  
NAME Doyle, Raymond  
STREET ADDRESS 16528 N. Dale Mabry Hwy  
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☐ Delete  
NAME DOYLE, CYNTHIA  
STREET ADDRESS 5456-C CRENSHAW ST  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☒ Change ☐ Addition  
NAME Doyle, Cynthia  
STREET ADDRESS 16528 N. Dale Mabry Hwy  
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Raymond Doyle Raymond Doyle 4/29/07 813-884-4141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #