# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S90520

1. Entity Name

RADIO MERCHANDISE, INC.



Principal Place of Business

Mailing Address

8022 OLD COUNTRY RD #54 NEW PORT RICHEY, FL 34653 8022 OLD COUNTRY RD #54 NEW PORT RICHEY, FL 34653

### **FILED** Feb 02, 2007 08:00 AM **Secretary of State**



#### DO NOT WRITE IN THIS SPACE

01172007	No Clig-P	CRZI	2034 (11)	05)
4. FEI Number				Applied For
59-309324	10			Not Applicable
5. Certificate of St	tatus Desired		\$8.75 Additional	

Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, KELLY ANN 8038 STATE RD. #54 NEW PORT RICHEY, FL 34653

## DO NOT WRITE I THIS SPACE

				IN THIS SPACE				
8. The above the obligat	e named entity submits this statement for the plions of registered agent	surpose of changing its registe	 ered office or re	egistered agent, or both, in the State of Flor	rida I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and little	fappicable. (NOTE: Registe	red Agent signature	required when reinstating)	DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution	ancing	\$5.00 May Be 02/08/07-800 Added to Fees	283 23-013 150.00			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, BRUCE H. 8038 STATE RD. 54 NEW PORT RICHEY, FL 34653							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE			
TITLE NAME STREET ADDRESS DITY-ST-ZIP				IN THIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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 logal 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1737) 376-4111