

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05048

Entity Name: RADCLIFF, INC.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

1601 N GLEN AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4180 S. RIDGEWOOD AVE
SUITE C
PORT ORANGE, FL 32127

New Mailing Address:

114 ORANGE AVE.
DAYTONA BEACH, FL 32114

FEI Number: 59-3103758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADCLIFF, EDWARD G.
3334 W. MAIN STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

RADCLIFF, EDWARD G.
4789 S. ATLANTIC AVE., #3
PONCE INLET, FL 32127 US

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.

SIGNATURE:

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RADCLIFF, EDWARD G.,
Address: 4789 S. ATLANTIC #3
City-St-Zip: PONCE INLET, FL 32127

Title: S () Delete
Name: RADCLIFF, EDWARD J.,
Address: 4789 S. ATLANTIC AVE #3
City-St-Zip: PONCE INLET, FL 32127

Title: T () Delete
Name: RADCLIFF, BRYAN
Address: 3334 W MAIN ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RADCLIFF, EDWARD G.,
Address: 4789 S. ATLANTIC #3
City-St-Zip: PONCE INLET, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY D. BESTE

CPA

04/04/2008

Electronic Signature of Signing Officer or Director

Date