


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90022 038 ***150.00

DOCUMENT # S92400					
1. Entity Name RADCO REFRIGERATION AND APPLIANCES, INCORPORATED					
Principal Place of Business 283 PEACH TREE DRIVE SPRING HILL, FL 34608 US			Mailing Address 283 PEACH TREE DRIVE SPRING HILL, FL 34608 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #: etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3094245	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBIN A. DELARDI 5038 PLUMOSA STREET SPRING HILL, FL 34607				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name <i>Robin A. Delardi</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>283 Peachtree Dr.</i>	
				City <i>Spring Hill, FL</i> State <i>FL</i> Zip <i>34608</i>	
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 <i>[Signature]</i>				DATE <i>2-15-04</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELARDI, ROBIN A.		NAME	<i>283 Peachtree Dr.</i>	
STREET ADDRESS	5038 PLUMOSA ST.		STREET ADDRESS	<i>Spring Hill, FL 34608</i>	
CITY-ST-ZIP	SPRING HILL, FL		CITY-ST-ZIP	<i>Spring Hill, FL 34608</i>	
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELARDI, REBECCA L		NAME	<i>283 Peachtree Dr.</i>	
STREET ADDRESS	5038 PLUMOSA ST		STREET ADDRESS	<i>Spring Hill, FL 34608</i>	
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP	<i>Spring Hill, FL 34608</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: <i>Rebecca Delardi</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>2-15-04</i>	
				Daytime Phone #	