

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90056 035 ***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 7245 BLACKBIRD AVE WEEKI WACHEE, FL 34613			
2. Principal Place of Business - No P.O. Box # 5038 PLUMOSA ST		3. Mailing Address 5038 PLUMOSA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Spring Hill FL		City & State Spring Hill FL		4. FEI Number 59-3094245	
Zip 34607		Country USA		Applied For Not Applicable	
Zip 34607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBIN A. DELARDI 7245 BLACKBIRD AVE WEEKI WACHEE, FL 34613			7. Name and Address of New Registered Agent Name ROBIN A. DELARDI Street Address (P.O. Box Number is Not Acceptable) 5038 PLUMOSA ST. City Spring Hill FL Zip Code 34607		
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: DATE: 7/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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		
STREET ADDRESS	283 PEACHTREE DR.		STREET ADDRESS	5038 PLUMOSA ST.	
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELARDI, REBECCA L		NAME		
STREET ADDRESS	283 PEACHTREE DR.		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		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		
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 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:			Date: 7/9/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		