

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000116

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: RED BARN DISTRIBUTORS, INC.

**Current Principal Place of Business:**

2921 NE 23 STREET  
102  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

801 NE 63 STREET  
OCALA, FL 34479

**New Mailing Address:**

FEI Number: 65-1069061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEDERMAN, ELLIOTT S PRES  
801 NE 63 STREET  
OCALA, FL 34479 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: FEDERMAN, ELLIOTT  
Address: 801 NE 63 STREET  
City-St-Zip: OCALA, FL 34479

Title: ST ( ) Delete  
Name: FEDERMAN, MICHELE  
Address: 801 NE 63 STREET  
City-St-Zip: OCALA, FL 34479

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ELLIOTT FEDERMAN

PRES

04/19/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date