## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000113891

1. Entity Name

REDMOND CUSTOM COATINGS, INC.



FILED
May 09, 2007 08:00 A
Secretary of State

Principal Place of Business

104 GLEN CLUB CT DEBARY, FL 32713 Mailing Address

104 GLEN CLUB CT DEBARY, FL 32713



DO NOT WRITE IN THIS SPACE

04252007	No Chg-P	CR2E034 (11/05)			
4, FEI Number	<del> </del>		Applied		

32-0122892 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

-		and Address			- 4	A 4
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REDMOND, BARRIE P 104 GLEN CLUB CT DEBARY, FL 32713

## DO NOT WRITE IN THIS SPACE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000763533 ic /26/07-90014-012 19

OFFICERS AND DIRECTORS 10. TITLE NAME REDMOND, BARRIE P 104 GLEN CLUB CT STREET ADDRESS DEBARY, FL 32713 CITY-ST-ZIP TITI F REDMOND, BARRIE P NAME 104 GLEN CLUB CT STREET ADDRESS DEBARY, FL 32713 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRIE PREMION

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36 80 × 2506

Daytime Phone #