


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90302 034 ***150.00

DOCUMENT # P97000068958

1. Entity Name
RED RIBBON HOME-FED, INCORPORATED



Principal Place of Business, Mailing Address

1123 PINELLAS STREET CLEARWATER FL 33756 **1123 PINELLAS ST CLRWATER FL 33756**

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 **59-3462214** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

NEUSCHAEFER, WILLIAM
1123 PINELLAS ST
TAMPA FL 33756

7. Name and Address of New Registered Agent

Name: **Carolanne Krakower**
 Street Address (P.O. Box Number is Not Acceptable)
1123 Pinellas Street
 City: **Clearwater** **FL** Zip Code: **33756**

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 *Carolanne Krakower* *Carolanne Krakower* DATE **4-26-04**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KREKOWER, STEVEN	
STREET ADDRESS	2152 GREGORY PLACE	
CITY-ST-ZIP	S&A GIRT NJ 08750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEUSCHAEFER, WILLIAM G	
STREET ADDRESS	1123 PINELLAS STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	KRAKOWER, CAROLANNE	
STREET ADDRESS	2152 GREGORY PLACE	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Steven R. Krakower* (Steven R. Krakower) DATE: **4-26-04** DAYTIME PHONE #: **(727) 599-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #