## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 749761**

HENSLEY, JUDY

BROOKSVILLE, FL 34605 US

P.O. BOX 513

Name:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

| Entity Name: RED MULE RUNNERS, INC.   |  |                                   |   |  |  |
|---|--|-----------------------------------|---|--|--|
| Current Pr  | incipal Place  | of Business:                      | New Principal Place                         | New Principal Place of Business:             |  |
| 900 US 98<br>BROOKSV  | NORTH<br>ILLE, FL 3460                                 | 58724 US                          |   |  |  |
| Current Mailing Address:  |  |                                   | New Mailing Addres                          | New Mailing Address:                         |  |
| P.O. BOX 1<br>BROOKSV   | 1724<br>ILLE, FL 3460                                  | 58724                             |   |  |  |
| FEI Number:   | 59-2275260   | FEI Number Applied For ( )        | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                                   |   |  |  |
| DENT, KEN<br>22 DAISY S<br>HOMOSAS  |  | s US                              |   |  |  |
| The above in the State  |  | submits this statement for the pr | urpose of changing its registere            | ed office or registered agent, or both,      |  |
| SIGNATUR  | RE:  |                                   |   |  |  |
| Electronic Signature of Registered Agent  |  |                                   | nt  | Date   |  |
| OFFICERS AND DIRECTORS:   |  |                                   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ()<br>DENT, KEN<br>22 DAISY STRE<br>HOMOSASSA, I     |                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ()<br>MILHOLLAND, I<br>9348 WILD HOI<br>BROOKSVILLE | RSE TRAIL                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S ()<br>BOLD, CHARLE<br>13219 HAZELC<br>SPRING HILL, F | REST STREET                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:  | T ()   | Delete                            | Title:                                      | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH J. DENT Ρ 04/28/2009