

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851073

FILED
Apr 04, 2007
Secretary of State

Entity Name: RED SIMPSON, INC.

Current Principal Place of Business:

4615 PARLIAMENT DRIVE
SUITE 200
ALEXANDRIA, LA 71303 US

New Principal Place of Business:

100 PIKE WAY
MOUNT AIRY, NC 27030 US

Current Mailing Address:

P.O. BOX 868
MOUNT AIRY, NC 27030

New Mailing Address:

P.O. BOX 868
MOUNT AIRY, NC 27030 US

FEI Number: 72-0604454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: PIKE, JOSEPH E PRES
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: ST () Delete
Name: BANNER, REGINALD L SEC/TR
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: CFO () Delete
Name: CASTANEDA, MARK CFO
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: VP (X) Delete
Name: BENFIELD, JAMES T VP
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: VP (X) Delete
Name: COLLINS, JEFFERY L VP
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: VP (X) Delete
Name: WESTBROOK, AUSTIN F VP
Address: 4615 PARLIAMENT DRIVE
City-St-Zip: ALEXANDRIA, LA 71303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIKE, JOSEPH E PRES
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: CFO (X) Change () Addition
Name: SLATER, ANTHONY K CFO/SEC
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: TRES (X) Change () Addition
Name: MULLINS, JONATHAN H TRES
Address: 100 PIKE WAY
City-St-Zip: MOUNT AIRY, NC 27030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JONATHAN H MULLINS

TRES

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date