2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004505

1. Entity Name
REDLEE-SCS GEORGIA INC

Principal Place of Business	Mailing Address
10425 OLYMPIC DRIVE, SUITE A DALLAS, TX 75220	10425 OLYMPIC DRIVE, SUITE A DALLAS, TX 75220

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2817487
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VCPV
NAME	REDFEARN, CHARLES L JR.
STREET ADDRESS	10425 OLYMPIC DRIVE, SUITE A
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	D
NAME	FARR, BILL G JR
STREET ADDRESS	10425 OLYMPIC DRIVE, SUITE A
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	D
NAME	FARR, STEPHEN
STREET ADDRESS	10425 OLYMPIC DRIVE, SUITE A
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	D
NAME	HOLMAN, DAVID M
STREET ADDRESS	10425 OLYMPIC DRIVE, SUITE A
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80071-003 150.00

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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: _____ 4-6-06 214 367 4753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
David M Holman