2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000004775

1. Entity Name
RED RIVER SPECIALTIES, INC.

Principal Place of Business	Mailing Address
1013 N.W. SUWANNEE AVE. BRANFORD, FL 32008	PO BOX 7241 SHREVEPORT, LA 71137

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1115450

☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

PIERCE, ANDY
1013 N.W. SUWANNEE AVE.
BRANFORD, FL 32008

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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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

H00000790663
01/23/08-80040-026 158.75

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALEXANDER, WILLIAM
STREET ADDRESS	9647 NORRIS FERRY RD.
CITY-ST-ZIP	SHREVEPORT, LA 71106
TITLE	VP
NAME	CAGE, JOHN MICHAEL
STREET ADDRESS	108 BAYS HILL DR.
CITY-ST-ZIP	BENTON, LA 71006
TITLE	S
NAME	VASKO, MICHAEL
STREET ADDRESS	2259 LANDAU LANE
CITY-ST-ZIP	BOSSIER CITY, LA 71111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Beth Dubucler 1/9/08 318 224-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #