

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001921

FILED
Apr 27, 2009
Secretary of State

Entity Name: REDNECK TRAILER SUPPLIES, INC.

Current Principal Place of Business:

2100 N. WEST BY-PASS
SPRINGFIELD, MO 65803

New Principal Place of Business:

Current Mailing Address:

2100 N. WEST BY-PASS
SPRINGFIELD, MO 65803

New Mailing Address:

FEI Number: 43-1164951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: BRADY, COLIN E
Address: 2100 N WEST BYPASS
City-St-Zip: SPRINGFIELD, MO

Title: DST () Delete
Name: GIDDENS, LOUANN
Address: 11357 W. STATE HWY TT
City-St-Zip: REPUBLIC, MO

Title: DC () Delete
Name: GIDDENS, ERNEST W
Address: 11357 W. STATE HWY TT
City-St-Zip: REPUBLIC, MO

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: GIDDENS, LOUANN
Address: 11357 W. STATE HWY TT
City-St-Zip: REPUBLIC, MO

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

Title: T () Change (X) Addition
Name: LEONE, PAUL
Address: 2100 N. WEST BYPASS
City-St-Zip: SPRINGFIELD, MO 65803

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LEONE

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04/27/2009

Electronic Signature of Signing Officer or Director

Date