


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State


01-23-2008 90009 044 ***150.00

DOCUMENT # H58281 1. Entity Name REDCREST COMPANY	
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Principal Place of Business 432 MARION DRIVE NICEVILLE, FL 32578	Mailing Address 432 MARION DRIVE NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE

4000



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CROSSON, KAREN 432 MARION DR NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THIGPEN, BETTY MRS 902 KOLIMA CT CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOREY, RODNEY R. 1086 EVERLY LOOP CAMDENTON, MO 65020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KNAGGS, PHYLLIS 2804 JERRY PATE CT SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISHER, HOWARD E. 53 LAKE SHORE DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COAKLEY CROSSON, KAREN C 432 MARION DR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECROOS, FRANCIS C.F. 921 HOSPITAL DRIVE NICEVILLE, FL

DO NOT WRITE IN THIS SPACE

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: Karen C. Coakley Crosson 1/18/08 850-724-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #