

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58281

FILED
Jan 12, 2009
Secretary of State

Entity Name: REDCREST COMPANY

Current Principal Place of Business:

432 MARION DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

432 MARION DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSON, KAREN
432 MARION DR
NICEVILLE, FL 32578 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: DT () Delete
Name: THIGPEN, BETTY MRS
Address: 902 KOLIMA CT
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: STOREY, RODNEY R.,
Address: 1086 EVERLY LOOP
City-St-Zip: CAMDENTON, MO 65020

Title: DS () Delete
Name: KNAGGS, PHYLLIS,
Address: 2804 JERRY PATE CT
City-St-Zip: SHALIMAR, FL 32579

Title: DP () Delete
Name: FISHER, HOWARD E.,
Address: 53 LAKE SHORE DR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: COAKLEY CROSSON, KAR, EN C
Address: 432 MARION DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: DECROOS, FRANCIS C.F.,
Address: 921 HOSPITAL DRIVE
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THIGPEN, BETTY MRS
Address: 902 KOLIMA CT
City-St-Zip: CRESTVIEW, FL 32539

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

Title: DS (X) Change () Addition
Name: SEATON, PHYLLIS,
Address: 2804 JERRY PATE CT
City-St-Zip: SHALIMAR, FL 32579

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

Title: DT (X) Change () Addition
Name: COAKLEY CROSSON, KAR, EN C
Address: 432 MARION DR
City-St-Zip: NICEVILLE, FL 32578

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

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: KAREN CROSSON

DT

01/12/2009

Electronic Signature of Signing Officer or Director

Date