

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58281

FILED  
Jan 09, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THIGPEN, BETTY MRS  
Address: 1005 CAPRI CT  
City-St-Zip: CRESTVIEW, FL 32539

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

Title: DS  
Name: SEATON, PHYLLIS  
Address: 2804 JERRY PATE CT  
City-St-Zip: SHALIMAR, FL 32579

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

Title: DT  
Name: COAKLEY CROSSON, KAREN C  
Address: 432 MARION DR  
City-St-Zip: NICEVILLE, FL 32578

Title: D  
Name: DECROOS, FRANCIS C.F.  
Address: 928E MAR WALT DRIVE #201  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: KAREN COAKLEY CROSSON

DT

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date