


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00-A**  
**Secretary of State**

DOCUMENT # K94115 1. Entity Name THE RED & GREY 75TH CORPORATION	
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Principal Place of Business C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634	Mailing Address C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634
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**DO NOT WRITE IN THIS SPACE**

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0131778	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

ABRAMS, ALLAN  
4710 EISENHOWER BLVD  
STE C1  
TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

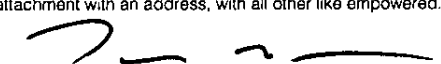
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000702993 04/20/07-80121-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ABRAMS, ALLAN 4710 EISENHOWER BLVD.#C1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ABRAMS, ELAINE 4710 EISENHOWER BLVD.#C1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LLEWELLYN, ROBERTA 4710 EISENHOWER BLVD.#C1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, KRISTOPHER M 4710 EISENHOWER BLVD STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  Kristopher Hoover 2/28/07 813-889-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
President