

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000925

1. Entity Name
REDLAND RESCUE, INC.



Principal Place of Business
**19100 S.W. 304TH STREET
 HOMESTEAD, FL 33030**

Mailing Address
**19100 S.W. 304TH STREET
 HOMESTEAD, FL 33030**



02212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3604343** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

**GRAY, PAMELA
 19100 S.W. 304TH STREET
 HOMESTEAD, FL 33030**

**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: *[Signature]* *Pamela Gray* *2/24/04*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**000000067678
 02/27/04-80009-016 61.25**

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: GRAY, PAMELA
 STREET ADDRESS: 19100 S.W. 304 ST.
 CITY-ST-ZIP: HOMESTEAD, FL 33030

TITLE: VD
 NAME: RUSSO, JOAN
 STREET ADDRESS: 441 W. TROPICAL WAY
 CITY-ST-ZIP: PLANTATION, FL 33317

TITLE: STD
 NAME: GRAY, TIM
 STREET ADDRESS: 19100 S.W. 304TH STREET
 CITY-ST-ZIP: HOMESTEAD, FL 33030

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *[Signature]* *Pamela Gray* *2/24/04* *305-807-0095*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #