


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005106	
1. Entity Name THE ROB REDHAMMER MEMORIAL FUND, INC.	

Principal Place of Business 5704 SW 116 AVE COOPER CITY, FL 33330	Mailing Address 5704 SW 116 AVE COOPER CITY, FL 33330
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01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1013984	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 FEINMAN, STEVEN A ESQ. 8530 STATE RD 84 DAVIE, FL 33324	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 _____

Filing Fee is \$61.25 Due by May 1, 2007	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	PD BARRETT, PATTI 5704 S.W. 116 AVE. COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRETT, DANIEL 5704 SW 116 AVE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REDHAMMER, ALBERT 10651 SW 27 STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT REDHAMMER, JOAN 10651 SW 27 STREET DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80009-025161.25

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #