

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90328 028 ***150.00

DOCUMENT # P01000000117

1. Entity Name
REDNECK WORLD, INC.



Principal Place of Business

310 RALEIGH RD.
JACKSONVILLE, FL 32225

Mailing Address

310 RALEIGH RD.
JACKSONVILLE, FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3688623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FRASER, FRANK L
4915 BAYMEADOWS RD., #13-B
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name **FRASER, FRANK L.**

Street Address (P.O. Box Number is Not Acceptable)

310 RALEIGH RD.

City **JACKSONVILLE**

FL

Zip Code **32225**

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 **FRANK L. FRASER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating.)

4/28/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **FRASER, FRANK L**
STREET ADDRESS **4915 BAYMEADOWS RD., #13-B**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **ST** ☒ Delete
NAME **FRASER, LUCY**
STREET ADDRESS **4915 BAYMEADOWS RD., #13-B**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/PTM** ☒ Change ☐ Addition
NAME **FRASER, FRANK L.**
STREET ADDRESS **310 RALEIGH RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **V/SIT** ☒ Change ☐ Addition
NAME **FRASER, LUCY**
STREET ADDRESS **310 RALEIGH RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FRANK L. FRASER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2004
Date

(904) 724-7876
Daytime Phone #