2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000117

1. Entity Name
REDNECK WORLD, INC.

Principal Place of Business	Mailing Address
310 RALEIGH RD. JACKSONVILLE, FL 32225	310 RALEIGH RD. JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

04232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3688623	Not Applicable

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

6. Name and Address of Current Registered Agent

FRASER, FRANK L
310 RALEIGH RD
JACKSONVILLE, FL 32225

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	llnn000595251 05/08/06-80045-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	CPM
NAME	FRASER, FRANK L
STREET ADDRESS	310 RALEIGH RD
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	VST
NAME	FRASER, LUCY
STREET ADDRESS	310 RALEIGH RD
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _Lucy Fraser_ Lucy Fraser   4/24/06   904-724-7876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #