07/18/2007 16:59 9045439302 ROBERT D HI

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Aug 14, 2007 8:00 am
Secretary of State
08-14-2007 90011 001 ***150.00
08-14-2007 90011 002 *****8.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000043900

1. Entity Name
REDSTONE CONSTRUCTION, INC.

66020883

Principal Place of Business	Mailing Address
445 STATE ROAD 13 #26-301 JACKSONVILLE, FL 32259	445 STATE ROAD 13 #26-301 JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

07182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2957594
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HIRSCH, ROBERT D
4 SAWGRASS VILLAGE DR, 150A
PONTE VEDRA BEACH, FL 32082

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOHANNON, CORBETT L
STREET ADDRESS	445 STATE ROAD 13 #26-301
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	ST
NAME	BOHANNON, MELVINA J
STREET ADDRESS	445 STATE ROAD 13 #26-301
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Jby Corbett Bohannon 8/8/07 (904)260-3131
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #