## 2004 FOR PROFIT CORPORATION

## Jan 30, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000080727 REDMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 10620 FORD RD. 10620 FORD RD. BRYCEVILLE, FL 32009 BRYCEVILLE, FL 32009 01292004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3738922 \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE REDMAN, JOHN B 10620 FORD RD. BRYCEVILLE, FL 32009 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) UUUUUU0022**4**44 9. Election Campaign Financing \$5.00 May Be 01/30/04-80045-003 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE REDMAN, JOHN B NAME 10620 FORD RD. STREET ADDRESS CITY-ST-ZIP BRYCEVILLE, FL 32009 TITLE REDMAN, NINA C NAME and a feet to the state of the STREET ADDRESS 10620 FORD RD. CITY-ST-ZIP BRYCEVILLE, FL 32009 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE and the state of t STREET ADDRESS CITY-ST-ZIP कार्यात्र भारतन्त्र पुरुषात्र यो यत्र वर प्रात्मक्ष कार्यक्रमा इति अपूर्ण वार्यक्रमा स्टिम्स वारास्ट्राम् अपूर NAME STREET ADDRESS 产证 医动物形式 电原电电线 那种用用的 电再记号 特别的复数形式的现在分词 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 repetiver 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 arradomess, with all other like empowered.

**FILED**