

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 29, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P02000046263**

1. Entity Name  
**REDLAND FOLIAGE, INC.**



Principal Place of Business  
**21000 SW 280TH ST  
HOMESTEAD, FL 33031**

Mailing Address  
**21000 SW 280TH ST  
HOMESTEAD, FL 33031**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**75-3067606** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WEBER, EILEEN  
9374 S.W. 212TH TERRACE  
MIAMI, FL 33189**

**DO NOT WRITE  
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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1100000608774  
02/01/07-80023-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TIMMONS, RAY  
18524 S.W. 293RD TERRACE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TIMMONS, RAY N II  
28380 SW. 209 AVE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TIMMONS, PATRICIA  
18524 S.W. 293RD TERRACE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: **Ray Timmons II**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-07**  
Date

**305-245-9590**  
Daytime Phone #