## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2008 08:00 A Secretary of State DOCUMENT # P02000065838 RED'S FLYING SERVICE, INC. Principal Place of Business Mailing Address 1451 HOLLINGWORTH OAKS DR 1451 HOLLINGWORTH OAKS DR LAKELAND, FL 33803 LAKELAND, FL 33803 No Chg-P CR2E034 (11/05) 04022008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0616252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUQUE, RICARDO E DO NOT WRITE 1451 HOLLINGWORTH OAKS DR LAKELAND, FL 33803 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 arm familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <del>U000000901611</del> ,10. OFFICERS AND DIRECTORS 04/29/08-80076-010 150.00 TITLE DUQUE, RICARDO NAME STREET ADORESS 1451 HOLLINGWORTH OAKS DR LAKELAND, FL 33803 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP " TITLE

CITY-ST-ZIP

NAME - STREET ADDRESS

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"K", "" IF STEEN HOUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #