


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90984 030 ***150.00

DOCUMENT # P02000094656	
1. Entity Name REDC, INC.	

Principal Place of Business 21113 HARBOUR VISTA CIR SAINT AUGUSTINE FL 32080	Mailing Address PO BOX 3583 SAINT AUGUSTINE FL 32-0852
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94066921



MOORE CR2E034 (11/03)

2. Principal Place of Business 77 BAINBRIDGE LANE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 355010 Suite, Apt. #, etc.	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip FL 32137	Country USA	Zip 32135	Country USA

4. FEI Number 52-2375582	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALL, JOHN S ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE FL 32202
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME STEEN, CYNTHIA D	
STREET ADDRESS 21113 HARBOUR VISTA CIR	
CITY-ST-ZIP SAINT AUGUSTINE FL 32080	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEEN, CYNTHIA D.	
STREET ADDRESS 77 BAINBRIDGE LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEEN, THEODORE B. JR.	
STREET ADDRESS 77 BAINBRIDGE LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: Cynthia D. Steen CYNTHIA D. STEEN 4-19-2004 386-986-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #