


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 023 ***150.00

DOCUMENT # P03000051692	
1. Entity Name REDNECK BAITS, INC.	

Principal Place of Business 2931 PAUL S BIRCHMAN HIGHWAY LOT 26A ZEPHYRHILLS, FL 33540	Mailing Address P O BOX 476 CRYSTAL SPRINGS, FL 33524
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2. Principal Place of Business 38621 FIR Ave Lot 21 Suite, Apt. #, etc. Zephyrhills, FL. City & State FLORIDA Zip 33540 Country USA	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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05012006 Chg-P CR2E034 (11/05)

4. FEI Number 90-0154355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAURGAIN, LORRAINE 2931 PAUL S BUCHMAN HIGHWAY ZEPHYRHILLS, FL 33540	7. Name and Address of New Registered Agent Name LORRAINE BOURGOIN Street Address (P.O. Box Number is Not Acceptable) 38621 FIR Ave Lot 21 City Zephyrhills FL Zip Code 33540
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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 LORRAINE BOURGOIN (NOTE: Registered Agent signature required when reinstating) DATE 5-1-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGAIN, LORRAINE : P O BOX 476 FORT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOURGAIN, LORRAINE P.O. Box 476 Crystal Springs, FL 33524 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorraine Bourgain May 1, 2006 813-782-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #