2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119046

FILED Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90308 023 ***150.00

1. Entity Nam RED HAV	e VK PROPERTIES, INC.								
Principal Place of Business PMB 110, 27251 SR 54, STE B14 WESLEY CHAPEL, FL 33543		Mailing Address PMB 110, 27251 WESLEY CHAPEL,	Mailing Address PMB 110, 27251 SR 54, STE B14 WESLEY CHAPEL, FL 33543			87188 11711 88111 88111 8 811	II 1(64) 11 8 18 38111	4267	8
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address 3.454 H. A. Pork Dr						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. Clearwater FL City & State		04142005	Chg-P	CR2E034	(10/03)	•
City & State		City & State	City & State		4. FEI Number 54-213				plied For Applicable
Zip	Country	_33761	Coun	try		of Status Desired	F	B.75 Add e Required	itional ,
6. Name and Address of Current Registered Agent					7. Name and	Address of New Ro	egistered Ag	ent	
DOUGLAS L. HILKERT, P.A. 2 2557 NURSERY RD, STE A CLEARWATER, FL 33764					ess (P.O. Box Numb	er is Not Acceptable)		<u></u>
•				City			FL	Zip Code	3
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, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees			-	
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS,	CHANGES TO OFFI	CERS AND D	RECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BATZ, ROBERT J PMB 110, 27251 SR 54, STE WESLEY CHAPEL, FL 3354						1	Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					1	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete					[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	EET ADORESS -ST-ZIP				Change	Addition
12. I hereby o	certify that the information supplied on this report or supplemental re-	d with this filing does not qual	lify for the exe	mption stated in	in Section 119.07(3)	(i), Florida Statutes, I	further certif	y that the in	formation

12. 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:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BATZ

4/15/05

(727) (642-58

Daytime Phone #