

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90006 028 ***550.00

DOCUMENT # P03000144713

1. Entity Name

JAMES RL REDMAN, INC.



Principal Place of Business
7658 DEEDRA CIRCLE
PORT RICHEY FL 34668

Mailing Address
7658 DEEDRA CIRCLE
PORT RICHEY FL 34668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

4. FEI Number 20-0441110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDMAN, JAMES R
7658 DEEDRA CIRCLE
PORT RICHEY FL 34668

Name REDMAN, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)

7658 DEEDRA CIRCLE

City PORT RICHEY

FL

Zip Code 34668

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 James Redman (JAMES REDMAN)

8/5/07

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME REDMAN, JAMES R.
STREET ADDRESS 7658 DEEDRA CIRCLE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE P
NAME REDMAN, JAMES R.
STREET ADDRESS 7658 DEEDRA CIRCLE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: James Redman (JAMES REDMAN)

8/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #