

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147460

Entity Name: RED EYE SPRAYING COMPANY

FILED  
Jul 13, 2007  
Secretary of State

## Current Principal Place of Business:

14300 99TH ST.  
FELLSMERE, FL 32948

## New Principal Place of Business:

7890 129TH ST.  
SEBASTIAN, FL 32958

## Current Mailing Address:

14300 99TH ST.  
FELLSMERE, FL 32948

## New Mailing Address:

7890 129TH ST.  
SEBASTIAN, FL 32958

FEI Number: 90-0130371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEDLIN, W.T.  
14300 99TH ST.  
FELLSMERE, FL 32948 US

## Name and Address of New Registered Agent:

MEDLIN, W.T.  
7890 129TH ST.  
SEBASTIAN, FL 32958 US

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.

SIGNATURE: MEDLIN W.T.

07/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MEDLIN, W.T.  
Address: 14300 99TH ST.  
City-St-Zip: FELLSMERE, FL 32948

Title: DVS ( ) Delete  
Name: MEDLIN, SUE  
Address: 14300 99TH ST.  
City-St-Zip: FELLSMERE, FL 32948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MEDLIN, W.T.  
Address: 7890 129TH ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: DVS (X) Change ( ) Addition  
Name: MEDLIN, SUE  
Address: 7890 129TH ST.  
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEDLIN W.T.

DPT

07/13/2007

Electronic Signature of Signing Officer or Director

Date