2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000013718

1. Entity Name

ED'S RED, INCORPORATED

Principal Place of Business	Mailing Address
7608 ALABAMA AVE PORT ST JOE FL 32456	7608 ALABAMA AVE PORT ST JOE FL 32456

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
P ST JOE BEACH	7608 ALA AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST JOE FL.	City & State: PORT ST JOE FL.
Zip: 32456 Country: GULF	Zip: 32456 Country: GULF

4. FEI Number 90-0148936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREAMER, JAMES E SR
7608 ALABAMA AVE
PORT ST JOE FL 32456

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 acc[ept] 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CREAMER, JAMES E SR 7608 ALABAMA AVE PORT ST JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000400942 02/02/06-80024-005 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS CREAMER, DOROTHY J 7608 ALABAMA AVE PORT ST JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform[ation] 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 dire[ctor] 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 E Creamer Sr.