

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146813

Entity Name: REDI DUCT, INC.

FILED  
Mar 01, 2005  
Secretary of State

## Current Principal Place of Business:

6542 BIKINI WAY  
SARASOTA, FL

## New Principal Place of Business:

6542 BIKINI WAY  
SARASOTA, FL 34241

## Current Mailing Address:

6542 BIKINI WAY  
SARASOTA, FL

## New Mailing Address:

FEI Number: 59-3788201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHOENFELD, PETER  
6542 BIKINI WAY  
SARASOTA, FL US

## Name and Address of New Registered Agent:

SCHOENFELD, PETER  
6542 BIKINI WAY  
SARASOTA, FL 34241 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:

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: SCHOENFELD, PETER  
Address: 6542 BIKINI WAY  
City-St-Zip: SARASOTA, FL

Title: PD ( ) Delete  
Name: CALLOWAY, JOHNNIE  
Address: 4005 ASBURY PLACE  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: HIRTZEL, LEWIS  
Address: 5669 BROOKLYN AVENUE  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER SCHOENFELD

SD

03/01/2005

Electronic Signature of Signing Officer or Director

Date