

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90418 046 ***150.00

DOCUMENT # P04000163582

1. Entity Name
REDI-TILT, INC.



Principal Place of Business
**2642 S.E. WILLOUGHBY BOULEVARD
STUART, FL 34994**

Mailing Address
**2642 S.E. WILLOUGHBY BOULEVARD
STUART, FL 34994**

40079776



2. Principal Place of Business
2049 SW Poma Drive
Suite, Apt. #, etc.

3. Mailing Address
2049 SW Poma Drive
Suite, Apt. #, etc.

City & State
Palm City FL
Zip
34990 Country
USA

City & State
Palm City FL
Zip
34990 Country
USA

04112006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0530306 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITMIRE, JR., DRENNEN L ESQ.
249 ROYAL PALM WAY
SUITE 501
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
660 US Hwy One Third Floor
City
North Palm Beach FL Zip Code
33408

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
D POMA, FRANK ☐ Delete
STREET ADDRESS
12212 RIVERBEND COURT
CITY-ST-ZIP
PORT ST. LUCIE, FL 34984

TITLE
NAME
D POMA, JASON ☐ Delete
STREET ADDRESS
12212 RIVERBEND COURT
CITY-ST-ZIP
PORT ST. LUCIE, FL 34984

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D Poma, Frank ☒ Change ☐ Addition
STREET ADDRESS
2049 SW Poma Drive
CITY-ST-ZIP
Palm City FL 34990

TITLE
NAME
D Poma, Jason ☒ Change ☐ Addition
STREET ADDRESS
2049 SW Poma Drive
CITY-ST-ZIP
Palm City FL 34990

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Poma 4-24-06 772-283-0099
Date Daytime Phone #