

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90154 024 ***150.00

DOCUMENT # P05000015447					
1. Entity Name REDDING CORP.					
Principal Place of Business 255 EVERNIA ST. #1505 W. PALM BEACH, FL 33401			Mailing Address 255 EVERNIA ST. #1505 W. PALM BEACH, FL 33401		
2. Principal Place of Business 400 N. FLAGLER DR. Suite, Apt. #, etc. STE #504 City & State West Palm Beach, FL. Zip 33401 Country Palm Beach		3. Mailing Address 400 N. FLAGLER DR. Suite, Apt. #, etc. STE #504 City & State West Palm Beach, FL. Zip 33401 Country Palm Beach			
4. FEI Number 20-3591721		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERK, PHILLIP 255 EVERNIA ST. #1505 W. PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: <u>HARRIOT BERK</u> Street Address (P.O. Box Number is Not Acceptable): 400 N. FLAGLER DR. STE #504 City: <u>West Palm Beach</u> FL Zip Code: <u>33401</u>		
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: <u>HARRIOT BERK</u> 4/26/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERK, PHILLIP 255 EVERNIA ST. #1505 W. PALM BEACH, FL 33401	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY STANAVITCH 8514 NASHUA DR. PALM BEACH GARDENS, FL 33418	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LYNN STANAVITCH 8514 NASHUA DR. PALM BEACH GARDENS, FL 33418	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u>[Signature]</u>		Date: <u>4/26/06</u>		Daytime Phone #: <u>561-799-0764</u>	