

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000073295

1. Entity Name
REDDICK'S PATIO TEXTURES, INC.



Principal Place of Business
16724 SW 135TH AVE.
ARCHER, FL 32618 US

Mailing Address
16724 SW 135TH AVE.
ARCHER, FL 32618 US



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2876547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REDDICK, CLAY E SR.
16724 SW 135TH AVE.
ARCHER, FL 32618

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

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

000000942680
05/29/08-80028-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REDDICK, CLAY E SR.
STREET ADDRESS	16724 SW 135TH AVE.
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	S
NAME	REDDICK, TINA L
STREET ADDRESS	16724 SW 135TH AVE.
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	M
NAME	WASDIN, JIMMY L JR
STREET ADDRESS	16724 SW 135TH AVE.
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date: 3-29-08 Daytime Phone #: 352-284-8335