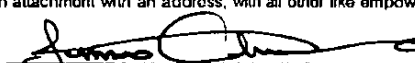


**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90005 009 \*\*\*100.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                         |  |                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000114382</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                        |  | <b>Secretary of State</b><br>01-30-2007 90010 009 ****50.00<br>03-09-2007 90005 009 ****100.00                                                                                                                                   |  |
| 1. Entity Name<br><b>REDNECK PEPPER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Principal Place of Business<br><b>314 NORTH MARION AVENUE<br/>LAKE CITY FL 32055</b>                                                    |  | Mailing Address<br><b>314 NORTH MARION AVENUE<br/>LAKE CITY FL 32055</b>                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country                                                 |  | 4. FEI Number <b>54-2180621</b><br>Applied For <input type="checkbox"/><br>Not Applicable <input checked="" type="checkbox"/><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>LUDWIG &amp; BUNN, P.A.<br/>5150 BELFORT ROAD S<br/>BUILDING 500<br/>JACKSONVILLE FL 32256</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                         |  |                                                                                                                                                                                                                                  |  |
| SIGNATURE _____ (Signature, typed or printed name of registered agent and filer, as applicable) (NOT: Registered Agent signature required when no individuals) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                         |  |                                                                                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |  |                                                                                                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |  |                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>PTC<br>HAIK, JAMES L II<br>214 N MARION AVE<br>LAKE CITY FL 32055<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>V<br>NELSON, ROBERT J<br>611 SE 9TH AVE 23<br>OCALA FL 34471<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>S<br>NELSON, WILLIAM R<br>611 SE 9TH AVE<br>OCALA FL 34471<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |                                                                                                                                                                                                                                  |  |
| 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 6-19-07 386867.0423<br>Daytime Phone #                                                                                                  |  |                                                                                                                                                                                                                                  |  |