

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05781

1. Entity Name
REDCO FOODS, INC.



Principal Place of Business

**1 HANSEN ISLAND
LITTLE FALLS, NY 13365 US**

Mailing Address

**ONE HANSEN ISLAND
ATTENTION: ACCOUNTS PAYABLE
LITTLE FALLS, NY 13365 US**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2736293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007 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 STREET ADDRESS CITY-ST-ZIP	PCEO VERSTGYN, RAINER KEVELA ERE STRASSE 21-23 D DUSSELDOR, GM d40459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMVO FARELL, DOUGLAS 100 NORTHFIELD DR. WINDSOR, CT 06095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MUCICA, GLENN ONE HANSEN ISLAND LITTLE FALLS, NY 13365
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000621364
02/12/07-80014-002 158.75

**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:

Glenn Mucica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Mucica 1/23/07 1-315-823-1300
Date Daytime Phone #