


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000022641 1. Entity Name REDNECK WIFI INC.	
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Principal Place of Business 10940 SE 160TH COURT RD OCKLAWAHA, FL 32179 US	Mailing Address 10940 SE 160TH COURT RD OCKLAWAHA, FL 32179 US
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DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4426346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACWILLIAMS, STEPHEN S
10940 SE 160TH COURT RD
OCKLAWAHA, FL 32179

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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 _____ DATE _____
Signature, typed or printed name of agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

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

04/24/08-80014-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACWILLIAMS, STEPHEN S 10940 SE 160TH COURT RD OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACWILLIAMS, DONNA J 10940 SE 160TH COURT RD OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACWILLIAMS, EDWARD J 7560 SE 183 AVE RD OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Stephen S MacWilliams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date: **4-8-08** Daytime Phone #: **X352-598-0480**