

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013922

Entity Name: REDMAN BUILDERS, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

4210 S UNIVERSITY DRIVE
SUITE 7
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4210 S UNIVERSITY DRIVE
SUITE 7
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-8562743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, CHARLES R
4801 S UNIVERSITY DR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSCEOLA, STEVE
Address: 6521 W OSCEOLA CIRCLE
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP () Delete
Name: VEZINA, LEO
Address: 4210 S UNIVERSITY DR, SUITE 7
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSCEOLA, MARK S
Address: 4210 S. UNIVERSITY DRIVE, SUITE 7
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK STEVE OSECOLA

P

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date