

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000094632					
1. Entity Name RED'S 4X4'S & MORE, INC.					
Principal Place of Business 14145 MOSSY HAMMOCK LN MYAKKA CITY, FL 34251			Mailing Address 14145 MOSSY HAMMOCK LN MYAKKA CITY, FL 34251		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 51122			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA, FL		4. FEI Number 26-0794315	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34232		Country		07142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HOUSER HOUSER, KRISTORPHER 14145 MOSSY HAMMOCK LN MYAKKA CITY, FL 34251			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HOUSER, KRISTORPHER STREET ADDRESS 14145 MOSSY HAMMOCK LN CITY - ST - ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900136159449 09/19/08--01044--018 **150.00	
TITLE VP NAME HOUSER, CAROLYN STREET ADDRESS 14145 MOSSY HAMMOCK LN CITY - ST - ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: <i>Kristopher Houser</i>			9-12-08 941-376-8784		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

08 SEP 19 PM 4:25

CLERK OF STATE
TALLAHASSEE, FLORIDA



9/19/08