
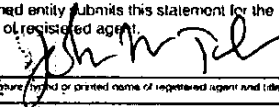


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90038 013 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P07000111564			
1. Entity Name RED HAT MART, INC.			
Principal Place of Business 1216 S. PARK AVE TITUSVILLE, FL 32780 US		Mailing Address 1216 S. PARK AVE TITUSVILLE, FL 32780 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: _____ Street: TOLSON, JOHN M 400 ORANGE STREET City: TITUSVILLE, FL 32796 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: 		DATE: _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: CROW, LYDIA G	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1216 S. PARK AVE.	CITY-ST-ZIP: TITUSVILLE, FL 32780	NAME: _____	STREET ADDRESS: _____
TITLE: D <input type="checkbox"/> Delete	NAME: CROW, JEFFERY S	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1216 S. PARK AVE.	CITY-ST-ZIP: TITUSVILLE, FL 32780	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
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: 		Date: 4/4/08 321-383-1868	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/4/08 321-383-1868	

66009705



04022008 Chg-P CR2E034 (12/06)

4. FEI Number 33-1190241 Applied For Not Applicable

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

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/4/08 321-383-1868

Date: 4/4/08 321-383-1868