2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# P07000123747

Entity Name: RED RIVER SERVICE CORPORATION OF FLORIDA INC.

Current Principal Place of Business:

4004 E. HIGHWAY 290 WEST
DRIPPING SPRINGS, TX 78620

New Principal Place of Business:

Current Mailing Address:

4004 E. HIGHWAY 290 WEST
DRIPPING SPRINGS, TX 78620

New Mailing Address:

P.O. BOX 91954
AUSTIN, TX 78709

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH, SUITE 101-330
NAPLES, FL 34102 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: PD ( ) Delete
Name: SMITH, JAMES A
Address: 4004 E. HIGHWAY 290 WEST
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: D ( ) Delete
Name: SMITH, DEBORAH A
Address: 4004 E. HIGHWAY 290 WEST
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: D ( ) Delete
Name: CLAYBORNE, KYLIE A
Address: 4004 E. HIGHWAY 290 WEST
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: D ( ) Delete
Name: SMITH, WELDON J
Address: 4004 E. HIGHWAY 290 WEST
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: D ( ) Delete
Name: JONES, JAMIE S
Address: 4004 E. HIGHWAY 290 WEST
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: TS ( ) Delete
Name: MASTERSON, CHRIS
Address: 4004 E. HIGHWAY 290 WEST
City-St-Zip: DRIPPING SPRINGS, TX 78620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JAMES A. SMITH PD 02/07/2008
Electronic Signature of Signing Officer or Director — Date