

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000074840

1. Entity Name

REDEVELOPMENT PARTNERS, INCORPORATED



Principal Place of Business

5401 W KENNEDY BLVD
SUITE 751
TAMPA, FL 33609

Mailing Address

C/O GREG MORRIS
2325 ULMERTON RD, SUITE 20
CLEARWATER, FL 33762 US



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3208036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDEVELOPMENT PARTNERS INC.
C/O GREG MORRIS
2325 ULMERTON RD, SUITE 20
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPST
NAME WOOD, RENE M
STREET ADDRESS 5401 W KENNEDY BLVD SUITE 751
CITY-ST-ZIP TAMPA, FL 33609

TITLE PD
NAME BULLARD, FRED B JR
STREET ADDRESS 2325 ULMERTON ROAD., SUITE 20
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D
NAME MCNEEL, VAN L
STREET ADDRESS 5401 W KENNEDY BLVD., SUITE 751
CITY-ST-ZIP TAMPA, FL 33609

TITLE VP
NAME MORRIS, GREG
STREET ADDRESS 2325 ULMERTON RD STE 20
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000338863
04/28/05-80050-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 727-576-6424