


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000065544**

1. Entity Name  
**RED ONE, INC.**



Principal Place of Business      Mailing Address

2424 CURLEW ROAD      2424 CURLEW ROAD  
 PALM HARBOR, FL 34683      PALM HARBOR, FL 34683

**DO NOT WRITE IN THIS SPACE**



01122006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3398356**      Not Applicable

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

6. Name and Address of Current Registered Agent

**O'KEEFE, DENNIS E**  
**2424 CURLEW ROAD**  
**PALM HARBOR, FL 34683**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLTMAN, JERRY B
STREET ADDRESS	2424 CURLEW ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VS
NAME	O'KEEFE, DENNIS E
STREET ADDRESS	2424 CURLEW ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UP00000560613  
 05/18/06-80046-018 150.00

**DO NOT WRITE IN THIS SPACE**

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: **3/22/06**      Daytime Phone #: **727-781-5888**