

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083264

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: RED SAIL ENTERPRISES, INC.

## Current Principal Place of Business:

445 RED SAIL WAY  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

## Current Mailing Address:

445 RED SAIL WAY  
SATELLITE BEACH, FL 32937

## New Mailing Address:

FEI Number: 59-3409297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, ROBERT G  
445 RED SAIL WAY  
SATELLITE BEACH, FL 32937 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, ROBERT G  
Address: 445 RED SAIL WAY  
City-St-Zip: SATELLITE BEACH, FL

Title: VSTD ( ) Delete  
Name: SMITH, CHARLOTTE A  
Address: 445 RED SAIL WAY  
City-St-Zip: SATELLITE BEACH, FL

Title: VD ( ) Delete  
Name: SMITH, TIMOTHY J  
Address: 305 HWY A1A, APT. 16  
City-St-Zip: SATELLITE BEACH, FL

Title: D ( ) Delete  
Name: HUNSUCK, TAMARA L  
Address: 481 RED SAILWAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: SMITH, CHRISTOPHER M  
Address: 4704 MINOR CIRCLE  
City-St-Zip: ALEXANDRIA, VA 22312

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT G. SMITH

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date