

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000042722

1. Entity Name
WILD RED HARE, INC.



FILED
Mar 14, 2007 08:00 AM
Secretary of State

Principal Place of Business
2121 N. OCEAN BLVD. #1407-E
BOCA RATON, FL 33431

Mailing Address
2121 N. OCEAN BLVD. #1407-E
BOCA RATON, FL 33431



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0767376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHILDERS, WILLIAM N
2121 N. OCEAN BLVD. #1407-E
BOCA RATON, FL 33431

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDERS, WILLIAM N 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHILDERS, CHRISTINE M 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431
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03/23/07-80079-007 150.00

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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: Christine M. Childers Christine M Childers, V.P. 3/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #