2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90107 040 ***150.00

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DOCUMENT # P98000060268

1. Entity Name
H.D. REDMILE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4108 SHOAL LINE BLVD. SPRING HILL, FL 34607	4108 SHOAL LINE BLVD. SPRING HILL, FL 34607

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

03282006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3525026
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REDMILE, HORACE 3429 GULF COAST DR. SPRING HILL, FL 34607	Name Horace Redmile Street Address (P.O. Box Number is Not Acceptable) 6471 River Lodge Lane City Weeki Wachee FL Zip Code 34607

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDMILE, HORACE 3429 GULF COAST DR. SPRING HILL, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6471 River Lodge Lane Weeki Wachee, FL. 34607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDMILE, MARGARET 3429 GULF COAST DR. SPRING HILL, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6471 River Lodge Lane Weeki Wachee, FL. 34607	☐ Change ☐ Addition
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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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #