


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000069543 1. Entity Name RED STICK ACQUISITION CORPORATION	
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Principal Place of Business 5070 N HWY A1A STE D INDIAN RIVER SHORES, FL 32963	Mailing Address PO BOX 3686 VERO BCH, FL 32964
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3526591	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W 756 BEACHLAND BLVD. VERO BEACH, FL 32963

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000100121 03/31/04-80032-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SCHWERIN, WARREN L 667 OCEAN RD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KREITLER, RICHARD 255 INDIAN HARBOR RD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GORDON, RICHARD 125 DEERCLIFF RD AVON, CT 06001
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BLAICHER, FREDERICK M 2770 INDIAN RIVER BLVD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WOODRUFF, ANTHONY C BOX 795 DORSET, VT 05251
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WILSON, SHERRI D 100-25 CHATEAU LANE HAWTHORNE, NY 10532

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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:  **WARREN L. SCHWERIN** **3-12-04** **772-862-9822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #