


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000029719</b> 1. Entity Name <b>MICHAEL REDD &amp; ASSOCIATES, P.A.</b>	
--	---

Principal Place of Business <b>631 U.S. HIGHWAY ONE #300A NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>631 U.S. HIGHWAY ONE #300A NORTH PALM BEACH, FL 33408</b>
---	---



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0914099</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**REDD, MICHAEL  
631 U.S. HIGHWAY ONE #300A  
NORTH PALM BEACH, FL 33408**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>UN00000834033 04/17/08-80027-018 158.75</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT REDD, MICHAEL 631 U.S. HIGHWAY ONE #300A NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BAYNHAM, FRANK 631 U.S. HIGHWAY ONE #300A NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDD, MARIE 631 US HIGHWAY ONE, #300A NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGGERI, ANSLEY 115 YORK LN FAYETTEVILLE, GA 30214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CACERES, NELSON A 631 US HWY ONE, STE 300 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 another like empowered

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.02.08** **561-863-2500**  
Date Daytime Phone #