

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029719

FILED  
Feb 22, 2010  
Secretary of State

**Entity Name:** MICHAEL REDD & ASSOCIATES, P.A.

**Current Principal Place of Business:**

631 U.S. HIGHWAY ONE #300A  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

631 U.S. HIGHWAY ONE #300A  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 65-0914099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REDD, MICHAEL  
631 U.S. HIGHWAY ONE #300A  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

REDD, MICHAEL T  
631 U.S. HIGHWAY ONE #300A  
NORTH PALM BEACH, FL 33408 US

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:** MICHAEL T. REDD

02/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** REDD, MICHAEL  
**Address:** 631 U.S. HIGHWAY ONE #300A  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** DVS  
**Name:** BAYNHAM, FRANK  
**Address:** 631 U.S. HIGHWAY ONE #300A  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** D  
**Name:** REDD, MARIE  
**Address:** 631 US HIGHWAY ONE, #300A  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** D  
**Name:** RUGGERI, ANSLEY  
**Address:** 115 YORK LN  
**City-St-Zip:** FAYETTEVILLE, GA 30214

**Title:** DV  
**Name:** CACERES, NELSON A  
**Address:** 631 US HWY ONE, STE 300  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL T. REDD

DPT

02/22/2010

Electronic Signature of Signing Officer or Director

Date