

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095087

Entity Name: REDOC, INC.

FILED  
Feb 25, 2006  
Secretary of State

## Current Principal Place of Business:

410 SW THISTLE TRAIL  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

410 SW THISTLE TRAIL  
PORT ST LUCIE, FL 34953

## New Mailing Address:

FEI Number: 65-0959233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, MICHAEL  
410 SW PORT ST LUCIE  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLEMING, MICHAEL  
Address: 410 SW THISTLE TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: FLEMING, CHRISTINE A  
Address: 410 SW THISTLE TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL FLEMING

PRES

02/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date