

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S11054**

1. Entity Name  
**RED BOX ADVISORS CORP.**



Principal Place of Business

% ARTHUR GOODMAN  
12855 POND APPLE DRIVE EAST  
NAPLES, FL 34119-8561

Mailing Address

% ARTHUR GOODMAN  
12855 POND APPLE DRIVE EAST  
NAPLES, FL 34119-8561

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0227542**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, ARTHUR  
12855 POND APPLE DRIVE EAST  
NAPLES, FL 34119-8561

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GOODMAN, LOIS  
12855 POND APPLE DRIVE EAST  
NAPLES, FL 341198561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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01/24/07-80002-022 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

239 591 1009