

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90007 017 ***150.00

DOCUMENT # S96086

1. Entity Name

REDMAN & FORD, INC.



Principal Place of Business

212 NORTH COLLINS STREET STE 2
PLANT CITY FL 33566

Mailing Address

212 NORTH COLLINS STREET STE 2
PLANT CITY FL 33566



2. Principal Place of Business

3106 W. SAN ALLEN RD
Suite, Apt. #, etc.

3. Mailing Address

3106 W. SAN ALLEN RD
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PLANT CITY, FL
Zip 33565 Country Hillsboro

City & State

PLANT CITY FL
Zip 33565 Country Hillsboro

4. FEI Number

65-0297334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDMAN, JAMES L.
212 NORTH COLLINS ST., STE. 2
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name: GLENN W. FORD Pres.
Street Address (P.O. Box Number is Not Acceptable):
3106 W. SAN ALLEN RD
City: PLANT CITY FL Zip Code: 33565

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

GLENN W. FORD Pres. Glenn W. Ford 2-24-06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REDMAN, JAMES L.	
STREET ADDRESS	3808 KEEN ROAD, P. O. BOX 13	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDMAN, RUBY JEAN	
STREET ADDRESS	3808 KEENE ROAD, P. O. BOX 13	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, GLENN W.	
STREET ADDRESS	3106 SAN ALLEN ROAD WEST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, MARY H.	
STREET ADDRESS	3106 SAN ALLEN ROAD WEST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GLENN W. FORD Glenn W. Ford 2-24-06 813-752-8588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #