

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004775

FILED  
Jun 30, 2006  
Secretary of State

Entity Name: RED RIVER SPECIALTIES, INC.

**Current Principal Place of Business:**

1013 N.W. SUWANNEE AVE.  
BRANFORD, FL 32008

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7241  
SHREVEPORT, LA 71137

**New Mailing Address:**

FEI Number: 72-1115450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PIERCE, ANDY  
1013 N.W. SUWANNEE AVE.  
BRANFORD, FL 32008      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALEXANDER, WILLIAM  
Address: 9647 NORRIS FERRY RD.  
City-St-Zip: SHREVEPORT, LA 71106

Title: VP ( ) Delete  
Name: CAGE, JOHN MICHAEL  
Address: 108 BAYS HILL DR.  
City-St-Zip: BENTON, LA 71006

Title: S ( ) Delete  
Name: VASKO, MICHAEL  
Address: 2259 LANDAU LANE  
City-St-Zip: BOSSIER CITY, LA 71111

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MIKE CAGE

VP

06/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date