


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000004775</b>		
1. Entity Name <b>RED RIVER SPECIALTIES, INC.</b>		
Principal Place of Business <b>1013 N.W. SUWANNEE AVE. BRANFORD, FL 32008</b>	Mailing Address <b>PO BOX 7241 SHREVEPORT, LA 71137</b>	



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>72-1115450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>PIERCE, ANDY 1013 N.W. SUWANNEE AVE. BRANFORD, FL 32008</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000790663 01/23/08-80040-026 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, WILLIAM 9647 NORRIS FERRY RD. SHREVEPORT, LA 71106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAGE, JOHN MICHAEL 108 BAYS HILL DR. BENTON, LA 71006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASKO, MICHAEL 2259 LANDAU LANE BOSSIER CITY, LA 71111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*Both On. holder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08  
Date

318 224-2411  
Daytime Phone #