

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000031169 1. Entity Name RAY WILLIAMS SHEET METAL COMPANY, INC.	
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Principal Place of Business 526 STOCKTON ST JACKSONVILLE, FL 32204	Mailing Address 526 STOCKTON ST JACKSONVILLE, FL 32204
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3636626	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent HOLBROOK, H LEON ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE, FL 32202
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**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 fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

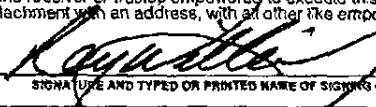
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

100000555842
05/16/06-80049-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, RAY O 526 STOCKTON ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAINTER, ROGER W 526 STOCKTON ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLBROOK, H LEON ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **RAY O. Williams, Jr.** 4/27/06 904-693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #