2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 329995

1. Entity Name

R & C HOLDING COMPANY INC



FILED Apr 16, 2008 08:00 All Secretary of State

Principal Place of Business

P. O. BOX 56 EVERETT, PA 15537 Mailing Address

P. O. BOX 56 EVERETT, PA 15537



03242008

No Chg-P

CR2E034 (11/05)

4. FÉI Number 59-1236626

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREBS, JANELE 7574 TANIA LANE NORTH FORT MYERS, FL 33917

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The above named entity submits this statement for the the obligations of registered agent.	e purpose of ch	anging its registered office o	r registered agent, or both.	in the State of Florida. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and to	tie il applicable	(NOTE: Registered Agent signa	ture required when reinstating)	DATE	
	O Floatic	on Campaign Financing	¢5 00		

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees U00000900012 04/29/08-80013-001 150.00

10.	OFFICERS AND DIRECTORS
TOLE	PV
NAME	CRAWFORD, JOHN
STREET ADDRESS	3350 N. KEY DR. #B-1011
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	S
NAME	CRAWFORD, NANCY
STREET ADDRESS	3350 N. KEY DRIVE, # B-1011
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	Т
NAME	KREBS JANELE
STREET ADDRESS	7574 TANIA LANE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	VP
NAME	CRAWFORD, JOHN F. IV
STREET ADDRESS	729 BUNKER HILL ROAD
CITY-ST-ZIP	EVERETT, PA 15537
TITLE	
NAME	
STREET ADDRESS	
CITY+ST+ZIP	,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filling 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: 9

NATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTO

/3/31/08

Dayume Phone #