

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003473

1. Entity Name
A.G. VAN METRE SERVICES, INC.



Principal Place of Business
**5252 LYNATE COURT
BURKE, VA 22015**

Mailing Address
**5252 LYNATE COURT
BURKE, VA 22015**



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1564854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE #4
WESTON, FL 33331**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000572311

07/25/06-80025-012-150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
VAN METRE, ALBERT G SR
5252 LYNATE COURT
BURKE, VA 22015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
VAN METRE, ALBERT G JR
5252 LYNATE COURT
BURKE, VA 22015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RABIL, RICHARD J
5252 LYNATE COURT
BURKE, VA 22015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
RYAN, KENNETH A
5252 LYNATE COURT
BURKE, VA 22015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEVP
GABLE, W. BRAD
5252 LYNATE COURT
BURKE, VA 22015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
VAN METRE, ALBERT G SR
5252 LYNATE COURT
BURKE, VA 22015**

**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: _____

Kenneth A. Ryan, Executive Vice President 703-425-2600 7/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #