

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000031169

1. Entity Name
RAY WILLIAMS SHEET METAL COMPANY, INC.



Principal Place of Business
**2535 ST. CLAIR STREET
JACKSONVILLE, FL 32254**

Mailing Address
**2535 ST. CLAIR STREET
JACKSONVILLE, FL 32254**

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3636626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DR. SUITE 2301
JACKSONVILLE, FL 32202**

**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 renewing)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PTD |
| NAME | WILLIAMS, RAY O |
| STREET ADDRESS | 2535 SAINT CLAIR ST |
| CITY-ST-ZIP | JACKSONVILLE, FL 32254 |
| TITLE | S |
| NAME | WILLIAMS, CHERYL D |
| STREET ADDRESS | 2535 SAINT CLAIR ST |
| CITY-ST-ZIP | JACKSONVILLE, FL 32254 |
| TITLE | VAS |
| NAME | LINDSAY, DREW C |
| STREET ADDRESS | 2535 SAINT CLAIR ST |
| CITY-ST-ZIP | JACKSONVILLE, FL 32254 |
| TITLE | V |
| NAME | APPLEGATE, CHARLES |
| STREET ADDRESS | 2535 SAINT CLAIR ST |
| CITY-ST-ZIP | JACKSONVILLE, FL 32254 |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/08 904 693-6455