2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000040549

1. Entity Name
WILLIAM A RUSSEY SHEETING, INC.

Principal Place of Business	Mailing Address
288 WILLOW GREEN DRIVE ORANGE PARK, FL 32073 US	288 WILLOW GREEN DRIVE ORANGE PARK, FL 32073 US

DO NOT WRITE IN THIS SPACE

04162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3648947	Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSEY, WILLIAM A
288 WILLOW GREEN DRIVE
ORANGE PARK, FL 32073

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 _William A. Russey_   4-17-07

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	RUSSEY, WILLIAM A
STREET ADDRESS	288 WILLOW GREEN DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	
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U00000716941
04/30/07-80023-024 150.00

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: _William A. Russey_   4-16-07   904-703-6885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #