2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000091403

R & L SHEETMETAL, INC.



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

Principal Place of Business

10104 N.E. 76TH TERRACE GAINSVILLE, FL 32609

Mailing Address

P.O. BOX 535 HAWTHORNE, FL 32640



DO NOT WRITE IN THIS SPACE

01032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2291421 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRASER, MARK J ESQ 527 EAST UNIVERSITY AVENUE GAINSVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	surpose of changing its registered of	ffice of	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little to	applicable. (NOTE Replaced Applicable)	ent signrafur	s required when remetating)	DATE
FILE NOWIR FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Execution Campaign Financing Trust Fund Contribution. Added to Fees		\$5,00 May Be	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	D MILLER, RICHARD 10104 NE 76TH TERRACE GAINSVILLE, FL 32609				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D ROBERTS, C. LOREN 195 RILEY LAKE DRIVE HAWTHORNE, FL 32640				000000451447 03/10/06-80055-004 158.75
TITLE NAME STREET ADDRESS GRY-ST-ZIP				DO	NOT WRITE
TITLE NAME SIRTEL ADDRESS CITY-ST-ZIP				iN	THIS SPACE
TUTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STITEET ADDRESS CTIY-ST-ZIP	1. 1. 2		·		

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR