

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000091403**

1. Entity Name  
**R & L SHEETMETAL, INC.**



Principal Place of Business  
**10104 N.E. 76TH TERRACE  
GAINSVILLE, FL 32609**

Mailing Address  
**P.O. BOX 535  
HAWTHORNE, FL 32640**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2291421</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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**

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

**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	D
NAME	MILLER, RICHARD
STREET ADDRESS	10104 NE 76TH TERRACE
CITY-ST-ZIP	GAINSVILLE, FL 32609

TITLE	D
NAME	ROBERTS, C. LOREN
STREET ADDRESS	195 RILEY LAKE DRIVE
CITY-ST-ZIP	HAWTHORNE, FL 32640

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80085-018 158.75

**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: *Carl L Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08 (352) 481-3896  
Date Daytime Phone #