

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000120268

1. Entity Name
R & R VINYL SIDING OF FRANKLIN COUNTY, INC.



Principal Place of Business
90 10 ST
APALACHICOLA, FL 32320

Mailing Address
90 10 ST
APALACHICOLA, FL 32320

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007

Chg-P

CR2E034 (12/06)

4. FEI Number
04-3725611

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RONALD E
90 10 ST
APALACHICOLA, FL 32320

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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 P
NAME SMITH, RONALD E ☐ Delete
STREET ADDRESS 90 10 ST
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE VP
NAME LANE-SMITH, PATSY ☒ Delete
STREET ADDRESS 90 10 ST
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE VP
NAME POVISIL, JOSEPH ☒ Delete
STREET ADDRESS 90 10 ST
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE VP Operation
NAME Joseph Allen Arroyo ☐ Delete
STREET ADDRESS 69 Brian St
CITY-ST-ZIP EastPoint FL 32528

TITLE ~~Angela G Arroyo~~
NAME ~~Angela G Arroyo~~ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Angela
NAME Angela G Arroyo ☐ Delete
STREET ADDRESS 69 Brian St
CITY-ST-ZIP EastPoint FL 32528

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 100089586121
CITY-ST-ZIP 02/27/07--01029--004 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 FEB 20 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



20 Feb 07

2/20