

2008 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

FILED
08 JAN -3 PM 4: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032008 No Chg-P CR2E034 (11/05)

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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

SMITH, RONALD E
90 10 ST
APALACHICOLA, FL 32320

**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 reinstating)

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	P
NAME	SMITH, RONALD E
STREET ADDRESS	90 10 ST
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	VPO
NAME	ARROYO, JOSEPH A
STREET ADDRESS	69 BRIAN ST.
CITY-ST-ZIP	EAST POINT, FL 32328
TITLE	VP
NAME	ARROYO, ANGELA G
STREET ADDRESS	69 BRIAN ST.
CITY-ST-ZIP	EAST POINT, FL 32328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000115858330
01/23/08--01012--015 **150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 Jan 07