2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 08:00 AN Secretary of State **DOCUMENT # P04000020471** 1. Entity Name R. E. S. JR, LATHING CORP. Principal Place of Business Mailing Address 412 N.W. FERRIS DRIVE 412 N.W. FERRIS DRIVE PORT ST. LUCIE, FL 34983 US PORT ST. LUCIE, FL 34983 US 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0630534 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMKEWICZ, JR., RICHARD E OWNER DO NOT WRITE 412 N.W. FERRIS DRIVE PORT ST. LUCIE, FL 34983 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. DATE Signature, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PRES TITLE SIMKEWICZ JR., RICHARD E OWNER NAME U00000508944 04/28/06-80019-022 150.00 STREET ADDRESS 412 N.W. FERRIS DRIVE CITY-ST-ZIP PORT ST. LUCIE, FL 34983 NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS CITY-ST-ZIP TITLE

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 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(772) 340.3769

FILED