


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90086 015 ***150.00

DOCUMENT # P04000125354 1. Entity Name R & R MACHINING & MAINTENANCE, INC.					
Principal Place of Business WACHOVIA BANK BLDG - 2ND FLOOR 400 COREY AVE ST PETE BEACH, FL 33706 c/o			Mailing Address C/O TERRANCE P MCNAMARA 400 COREY AVE, 2ND FLOOR ST PETE BEACH, FL 33706		
2. Principal Place of Business Terrance P. McNamara, Suite, Apt. #, etc. ESQ. 400 Corey Ave, 2nd Fl.		3. Mailing Address Suite, Apt. #, etc. City & State St. Pete Beach, FL			
City & State St. Pete Beach, FL		City & State St. Pete Beach, FL		4. FEI Number 20-1547272	
Zip 33706		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ WACHOVIA BANK BLDG - 2ND FLOOR 400 COREY AVE ST PETE BEACH, FL 33706				7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Flr. City St. Pete Beach FL 33706	
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. <i>[Signature]</i> 2/16/06 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REESE, ANTHONY L 118 67TH ST S ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD REESE, TERI L 118 67TH ST S DT PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> Anthony L. Reese, President			2-14-06 Date _____ Daytime Phone # _____		