2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000143387

1. Entity Name
R & S PRATT, INC.

Principal Place of Business	Mailing Address
544 COCKATOO BLVD LAKE WALES, FL 33859	544 COCKATOO BLVD LAKE WALES, FL 33859

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
43-2063199	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, SHARON K
544 COCKATOO BLVD.
LAKE WALES, FL 33859

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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	PSTD
NAME	PRATT, SHARON K
STREET ADDRESS	544 COCKATOO BLVD
CITY-ST-ZIP	LAKE WALES, FL 33859

TITLE	V
NAME	PRATT, RONALD E
STREET ADDRESS	544 COCKATOO BLVD
CITY-ST-ZIP	LAKE WALES, FL 33859

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80021-010 150.00

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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 informa 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 di 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 Blo changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _Sharon Pratt_ Sharon Pratt   1-18-07   863-676-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #