

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 014 ***150.00

DOCUMENT # P06000050452

1. Entity Name

R & T-DEMOLITION, INC.



Principal Place of Business

660 8TH STREET S.E.
NAPLES FL 34117

Mailing Address

660 8TH STREET S.E.
NAPLES FL 34117



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

660 8TH STREET S.E.

Suite, Apt. #, etc.

3. Mailing Address

660 8TH STREET S.E.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Naples, Florida 34117

Zip

34117

Country

U.S.A.

City & State

Naples, Florida

Zip

34117

Country

U.S.A.

4. FEI Number

20-4672018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALAMA, RANDY
660 8TH STREET SE
NAPLES FL 34117

7. Name and Address of New Registered Agent

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]

TREASURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALAMA, RANDY	
STREET ADDRESS	660 8TH STREET SE	
CITY- ST- ZIP	NAPLES FL 34117	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OCHU, TERRANCE	
STREET ADDRESS	660 8TH STREET SE	
CITY- ST- ZIP	NAPLES FL 34117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILBERT, JANICE	
STREET ADDRESS	562 COUNTRYSIDE DRIVE	
CITY- ST- ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILBERT, ARTHUR J	
STREET ADDRESS	562 COUNTRYSIDE DRIVE	
CITY- ST- ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 239-~~822~~ 961-4550
Date Daytime Phone #