

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90032 004 ***150.00

DOCUMENT # P06082

1. Entity Name
R & A EQUIPMENT, LTD., INCORPORATED



Principal Place of Business
**3100 E. HIGH ST.
JACKSON, MI 49203**

Mailing Address
**3100 E. HIGH ST.
JACKSON, MI 49203**

60000510



2. Principal Place of Business

3. Mailing Address

P.O. Box 927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006

Chg-P

CR2E034 (11/05)

City & State

City & State

Jackson, MI

4. FEI Number

38-2249811

Applied For

Not Applicable

Zip

Country

Zip

49204

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLICK, BARRY
6200 PARK OF COMMERCE BLVD.
P.O. BOX 3031
BOCA RATON, FL 33431**

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

Barry Glick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman** ☐ Delete
NAME **GLICK, ALVIN L.**
STREET ADDRESS **3100 E HIGH CT**
CITY-ST-ZIP **JACKSON, MI 492040927**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GLICK, BARRY**
STREET ADDRESS **4832 N.W. 25TH WAY**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Delete
NAME **GLICK, CARL**
STREET ADDRESS **3100 E HIGH STREET**
CITY-ST-ZIP **JACKSON, MI 492040927**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASAT** ☐ Delete
NAME **GLICK, RANDAL L**
STREET ADDRESS **5187 THAMES CT**
CITY-ST-ZIP **JACKSON, MI 49201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 information empowered.

SIGNATURE:

Carl Glick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/06