2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06082

1. Entity Name

R & A EQUIPMENT, LTD., INCORPORATED



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

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

POB 927

JACKSON, MI 49204



 \Box

01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 38-2249811

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE 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.	

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

U00000592943 01/22/07-80011-016 150.00

OFFICERS AND DIRECTORS 10. TITLE GLICK, ALVIN L. NAME STREET ADDRESS 3100 E HIGH CT CITY-ST-ZIP JACKSON, MI 492040927 TITLE GLICK, BARRY STREET ADDRESS 4832 N.W. 25TH WAY CITY-ST-ZIP BOCA RATON, FL GLICK, CARL NAME STREET ADDRESS 3100 E HIGH STREET CITY-ST-ZIP JACKSON, MI 492040927 TITLE ASAT GLICK, RANDAL L STREET ADDRESS 5187 THAMES CT CITY-ST-ZIP JACKSON, MI 49201 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 true r like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 1-11-07</u>

Daytime Phone #