

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90061 014 \*\*\*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  
**POB 927  
JACKSON, MI 49204**

40001563



01042008 Chg-P CR2E034 (12/06)

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**

**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)

*11/4/08*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	GLICK, ALVIN L.	
STREET ADDRESS	3100 E HIGH CT	
CITY-ST-ZIP	JACKSON, MI 492040927	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLICK, BARRY	
STREET ADDRESS	<del>4892 N.W. 25TH WAY</del> 6200 Park of Commerce Blvd	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	P.	<input type="checkbox"/> Delete
NAME	GLICK, CARL	
STREET ADDRESS	3100 E HIGH STREET	
CITY-ST-ZIP	JACKSON, MI 492040927	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	GLICK, RANDAL L	
STREET ADDRESS	5187 THAMES CT	
CITY-ST-ZIP	JACKSON, MI 49201	
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 10**

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	
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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 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:

*Carl Glick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/7/08*