## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06082

FILED Jan 06, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 3100 E. HIGH ST. JACKSON, MI 49203 **Current Mailing Address: New Mailing Address: POB 927** JACKSON, MI 49204 FEI Number: 38-2249811 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GLICK, BARRY GLICK, BARRY 6200 PARK OF COMMERCE BLVD. 6200 PARK OF COMMERCE BLVD. P.O.BOX 3031 BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 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. SIGNATURE: 01/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GLICK, ALVIN L., Name: Name: 3100 E HIGH CT Address: Address: City-St-Zip: JACKSON, MI 492040927 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GLICK, BARRY, Name: 6200 PARK COMMERCE BLVD Address: Address: BOCA RATON, FL 33431 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition GLICK, CARL, Name: Name: 3100 E HIGH STREET Address: Address: City-St-Zip: JACKSON, MI 492040927 City-St-Zip: Title: ASAT ( ) Delete Title: () Change () Addition GLICK, RANDAL L Name: Name: Address: 5187 THAMES CT Address: City-St-Zip: JACKSON, MI 49201 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON L. GLICK P 01/06/2009