

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90011 047 ***150.00

DOCUMENT # P94000036133

1. Entity Name
R & L ASSOCIATES, INC.



Principal Place of Business
**4851 DAVENPORT LANE
LOT 1
PACE, FL 32568**

Mailing Address
**P.O. BOX 2134
PACE, FL 32571**

40000107



2. Principal Place of Business
4581 Davenport Lane
Suite, Apt. #, etc.
Lot 1
City & State
PACE FL
Zip
32571
Country
US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

06162006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3246804
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWERY, ROBERT E
4581 DANANPORT LANE
LOT 1
PACE, FL 32571**

7. Name and Address of New Registered Agent

Name
Lowery Robert E
Street Address (P.O. Box Number is Not Acceptable)
4581 DAVENPORT LANE
Lot 1
City
PACE **FL** Zip Code
32571

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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVPD			
	LOWERY, ROBERT E.			
	4581 DAVENPORT LANE, LOT 1			
	PACE, FL 32568			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Robert E. Lowery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-06 850-994-8159
Date Daytime Phone #

TO WHOM IT MAY CONCERN:

40096154
94000036133

Attachment

IT HAS BEEN BROUGHT TO OUR ATTENTION THAT OUR ANNUAL REPORT HAS NOT BEEN FILED. WE HAVE NOT RECEIVED A CARD TO FILE BY AND WOULD LIKE FOR YOU TO GIVE US SOME CONSIDERATION ON THIS MATTER DUE TO THIS FACT.

IF YOU WILL SEE THERE ARE SOME CHANGES ON THE FRONT PAGE THAT NEED TO BE MADE.

PLEASE CALL US AT 850 994 8159 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

ROBERT E. LOWERY