

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90104 041 ***150.00

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02202006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000063141 1. Entity Name R. & W. SALES AND SERVICES, INC.					
Principal Place of Business 5944 CORAL RIDGE DRIVE POMPANO BEACH, FL 33076 US			Mailing Address 5944 CORAL RIDGE DRIVE POMPANO BEACH, FL 33076 US		
2. Principal Place of Business 8041 SW 81st LOOP Suite, Apt. #, etc.		3. Mailing Address 8041 SW 81st LOOP Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 65-0512731	
Zip 34476		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWLEY, RONALD E 5944 CORAL RIDGE DRIVE POMPANO BEACH, FL 33076				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8041 SW 81st LOOP City OCALA FL Zip Code 34476	
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: <i>Ronald E. Dawley</i> RONALD E. DAWLEY 3-2-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWLEY, RONALD E. 5944 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8041 SW 81st LOOP OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Ronald E. Dawley</i> RONALD E. DAWLEY			Date 3-2-06 Daytime Phone 561-352 9161		