2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P96000036893 1. Entity Name 04-20-2005 90334 006 ***150.00 R & R SHEET METAL WORKS, INC. Mailing Address Principal Place of Business 901 WAGNER PLACE 901 WAGNER PLACE 000000000 FORT PIERCE FL 34982 FORT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0690454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, BABETTE Street Address (P.O. Box Number is Not Acceptable) 904 CORAL ST. FORT PIERCE FL 34982 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition BROWN, RICHARD 5234 SW JANNEBO ST STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34986 CITY-ST-ZIP CITY-ST-7(P ☐ Change TITLE ☐ Delete TITLE Addition BISHOP, BABETTE NAME NAME STREET ADDRESS 904 CORAL ST STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME WILLIAMS, RICHARD D NAME STREET ADDRESS 3299 LEWIS ST STREET ADDRESS CITY-ST-7IP CITY+ST-7IP FT. PIERCE FL 34981 TITLE Delete TITLE ☐ Change ☐ Addition BISHOP, SHAWN D NAME NAME STREET ADDRESS 904 CORAL ST. STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

CITY-ST-ZIP

4-12-05 (172)465-245

FILED