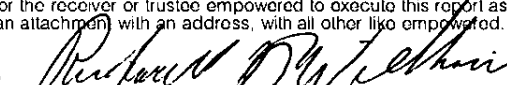


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90190 023 ***150.00

DOCUMENT # P96000036893 1. Entity Name R & R SHEET METAL WORKS, INC.					
Principal Place of Business 901 WAGNER PLACE FORT PIERCE FL 34982			Mailing Address 901 WAGNER PLACE FORT PIERCE FL 34982		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0690454			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BISHOP, BABETTE 904 CORAL ST. FORT PIERCE FL 34982				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3299 LEWIS STREET City FORT PIERCE FL Zip Code 34981	
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 consisting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BROWN, RAQUEL 5234 SW JANNEBO ST PORT SAINT LUCIE FL 34986		TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY RICHARD BROWN 5234 SW JANNEBO ST. PORT ST. LUCIE FL	
TITLE NAME STREET ADDRESS CITY ST ZIP	T BISHOP, BABETTE 904 CORAL ST FORT PIERCE FL 34982		TITLE NAME STREET ADDRESS CITY ST ZIP	Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY ST ZIP	P WILLIAMS, RICHARD D 3299 LEWIS ST FT. PIERCE FL 34981		TITLE NAME STREET ADDRESS CITY ST ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY ST ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY ST ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY ST ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			3-9-07 (772) 405-2459		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		