## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P96000036893

SIGNATURE: \_

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90132 035 \*\*\*150.00

| 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  |                                     |   |   | <br>'  |  |   |  |  |
| Principal Place of Business - No P.O. Box # 3. Mailing Address  |  |  |   |                                     |   |   |  |  |   |  |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |                                     |   | 04302008  | Chg-P  | CR2E03   | 14 (12/06)                                    |  |  |
| City & State  |  |  | City & State  |                                     |   | 4. FEI Numb   |  |  | <u> </u>                                      | plied For<br>t Applicable                |  |
| Zip   | Country  |  | Zìp   | Coun                                | try   | 5. Certificate  | of Status Desired  |  | 8.75 Add<br>ee Require                        |  |  |
|   | 6. Name  | and Address of Current   | Registered Agent  | egistered Agent Name                |   |   | 7. Name and Address of New Registered Agent                    |  |   |  |  |
| BISHOP, E<br>3299 LEW<br>FORT PIE   | IS ST  | 34981  |   |                                     |   | s (P.O. Box Numb  | er is Not Acceptab   | le)  |   |  |  |
|   |  |  |   |                                     | City  |   | <del></del>  | FL   | Zip Code                                      | 9  |  |
| 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. (NOT   | d Agent signature requir            | red when reinstating)   |   | DATE   |  |   |  |  |
|   |  | FEE IS \$150.00<br>3 Fee will be \$550.  | 9. Election Campa<br>Trust Fund Con   |                                     | ncing \$  | 5.00 May Be<br>ided to Fees                                   |  |  |   |  |  |
| 10.   | 1  | OFFICERS AND   |   | 11.                                 |   | ADDITIONS,  | CHANGES TO OF  | FICERS AND   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | i .  | RAQUEL<br>JANNEBO ST<br>INT LUCIE, FL 34986  | □ Delete  |                                     | ī   |   |  |  | ☐ Change                                      | ☐ Addition                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 904 CORAL ST   |  |   |                                     | E<br>ET ADORESS<br>- ST-ZIP                                   |   |  |  | ☐ Change                                      | ☐ Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 3299 LEW   | S, RICHARD D<br>/IS ST<br>CE, FL 34981   | □ Delete  |                                     |   |   |  |  | ☐ Change                                      | Addition                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | I  | RICHARD<br>JANNEBO ST<br>INT LUCIE, FL 34986   | <b>D</b> Delete   | - 1                                 | 1   |   |  |  | ☐ Change                                      | Addition                                 |  |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ☐ Delete  | 1                                   | •   |   |  |  | Change  | Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | ☐ Delete  | 4                                   |   |   | •  |  | ☐ Change                                      | Addition                                 |  |
| 12. I hereby of indicated of the cor changed  | certify that the<br>on this repor<br>poration or th<br>, or on an atta | e information supplied with<br>it or supplemental report in<br>the receiver or trustee emp<br>achment with an actress, | n this filing does not qualify find that strue and accurate and that covered to expect this report with all offers like empowers. | or the exi<br>my signa<br>t as equi | emptions containe<br>ture shall have the<br>ired by Chapter 6 | ed in Chapter 119<br>e same legal effe<br>07, Florida Statute | Florida Statutes.     as if made under     as; and that my nan | I further certi<br>oath; that I a<br>ne appears in | fy that the in<br>m an officer<br>Block 10 or | nformation<br>or director<br>Block 11 if |  |