

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000084590**

1. Entity Name  
**R & E CONTRACTING, INC.**



Principal Place of Business  
**255 NORTH LAKE AVENUE  
LAKE BUTLER, FL 32054**

Mailing Address  
**P.O. BOX 855  
LAKE BUTLER, FL 32054 US**



01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3406793**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ROBERTS, AVERY C  
255 NORTH LAKE AVENUE  
LAKE BUTLER, FL 32054**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROBERTS, AVERY C
STREET ADDRESS	255 N LAKE AVE.
CITY - ST - ZIP	LAKE BUTLER, FL
TITLE	VP
NAME	ELIXSON, BILLY R
STREET ADDRESS	RT. 2, BOX 834
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	ST
NAME	SUGGS, CHRISTINA M
STREET ADDRESS	PO BOX 855
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/12/04-80104-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Christina M Suggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/04**

Date

**386-496-4956**

Daytime Phone #