
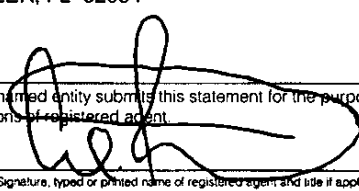
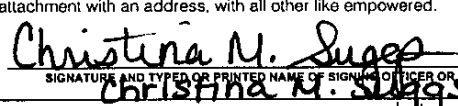


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 004 ***158.75

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		
2. Principal Place of Business - No P.O. Box # 12469 W. SR 100		3. Mailing Address Suite, Apt. #, etc.			
City & State Lake Butler FL		City & State		4. FEI Number 59-3406793	
Zip 32054		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, AVERY C 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 W. SR 100 City Lake Butler FL Zip Code 32054		
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  Avery C. Roberts 4-11-07 <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, 2007 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 ROBERTS, AVERY C 255 N LAKE AVE. LAKE BUTLER, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELIXSON, BILLY R RT. 2, BOX 834 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUGGS, CHRISTINA M PO BOX 855 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12469 West SR 100 Lake Butler FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14771 SW 58th Drive Lake Butler, FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7445 SW 128th Lane Lake Butler FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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:  Christina M. Suggs <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-07 <small>Date</small>		
- - - - -			386-496-4986 <small>Daytime Phone #</small>		

40063397



01042007 Chg-P CR2E034 (12/06)