2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000072634 03-24-2008 90069 030 ***158.75 1. Entity Name R & R ENTERPRISES OF COLUMBIA COUNTY, INC. Principal Place of Business Mailing Address HWY 252 P.O. BOX 2736 LAKE CITY, FL 32055 LAKE CITY, FL 32056 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3529097 Not Applicable Country _Zip ___ Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLINS, MIKE W Street Address (P.O. Box Number is Not Acceptable) 2680 HWY 90 WEST LAKE CITY, FL 32055 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 ager SIGNATURE Signature, typed or onnted name of regista (NOTE: Registered Agent signature required when reinstation) DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDT PDT TITLE ☐ Delete TITLE POT Collins, Mike W DDB NW COUNTY LAKE Gler NIEW, FL BBOSS **Z** Change ☐ Addition COLLINS, MIKE W NAME NAME STREET ADDRESS STREET ADDRESS RT 8 BOX 875 CITY-ST-ZIP LAKE CITY, FL 32055 CITY-ST-ZIP \sqrt{PO} TITLE **VPD** Delete TITLE Change Addition Collins, Scott COLLINS, SCOTT NAME NAME 2100 W FAIR FAX COND STREET ADDRESS STREET ADDRESS LAKE CITY, FL 32055 CITY-ST-ZIP CITY-ST-ZIP SD Change ---- Addition TITLE Delete TITLE COLLINS, MIKE G NAME Collins, Mike G NAME STREET ADDRESS RT. 22 BOX 22012 STREET ADDRESS LAKE CITY, FL 32024 CITY-ST-7IP CHY-ST-ZIP ☐ Delete THIE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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

with all other like empowered.

NTEO HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 24, 2008 8:00 am