

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V50756 1. Entity Name R & S INDUSTRIES, INC.			
Principal Place of Business 6717 HIGHWAY 71 WHITE CITY, FL 32465 US		Mailing Address P.O. BOX 5022 WHITE CITY, FL 32465 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent HERRING, SARAH C 6717 HWY 71 WHITE CITY, FL 32465		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000377862 09/07/05-80018-006 550.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	HERRING, SARAH C		
STREET ADDRESS	6717 HWY 71		
CITY - ST - ZIP	WHITE CITY, FL 32465		
TITLE	D		
NAME	HARPER, ROY V JR		
STREET ADDRESS	6717 HWY 71		
CITY - ST - ZIP	WHITE CITY, FL 32465		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <i>Sarah C. Herring</i> SARAH C. HERRING		8/31/05 850 229-8304	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	