

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90411 015 ***150.00

DOCUMENT # 386488

1. Entity Name
RONLEE MOBILE HOME CENTER, INC.



Principal Place of Business
**6421 STREAMPORT DR.
ORLANDO, FL 32822 US**

Mailing Address
**6421 STREAMPORT DR.
ORLANDO, FL 32822 US**

50012762



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1356937

Applied For
Not Applicable

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

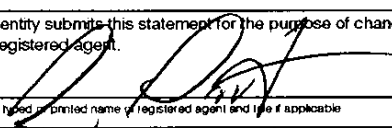
**Rollin Priest / Ronlee Corp
4608 Atwood Drive
Orlando FL 32828**

6. Name and Address of Current Registered Agent

**PRIEST, ROLLIN E., JR.
6421 STREAMPORT DR
ORLANDO, FL 32822**

**Rollin Priest / Ronlee Corp
4608 Atwood Drive
Orlando FL 32828**

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

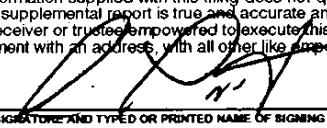
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PRIEST, ROLLIN E JR 6421 STREAMPORT DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rollin Priest / Ronlee Corp 4608 Atwood Drive Orlando FL 32828
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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:  4/18/06 Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR