2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90411 015 ***150.00

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1. Entity Name
RONLEE MOBILE HOME CENTER, INC.

50012762

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

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

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

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	C
NAME	PRIEST, ROLLIN E JR
STREET ADDRESS	6421 STREAMPORT DR
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	~~Rollin Priest / Ronlee Corp~~
STREET ADDRESS	4608 Atwood Drive
CITY-ST-ZIP	Orlando FL. 32828
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #