2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 653579

1. Entity Name
RON'S KAWASAKI, INC.

Principal Place of Business	Mailing Address
2320 W. HWY 98 PANAMA CITY, FL 32401 US	2320 W. HWY 98 PANAMA CITY, FL 32401 US

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1960221
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE, WALTER B
2320 W. HIGHWAY 98
PANAMA CITY, FL 32401

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GEORGE, RONALD L
STREET ADDRESS	1304 FRANKFORD AVE
CITY-ST-ZIP	PANAMA CITY FL,
TITLE	TS
NAME	ANDREWS, PAMELA S.
STREET ADDRESS	1304 FRANKFORD AVE
CITY-ST-ZIP	PANAMA CITY FL,
TITLE	SD
NAME	GEORGE, WALTER B.
STREET ADDRESS	1304 FRANKFORD AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	SD
NAME	TRACI S. WALDO
STREET ADDRESS	1304 FRANKFORD AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	GEORGE, GRACE L
STREET ADDRESS	1304 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80036-020 150.00

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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: TRACI S. WALDO _____ 1-7-05 (850) 785-5641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #