-2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2008 08:00 A 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 2320 W. HWY 98 PANAMA CITY FL 32401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite. Apt. #. e.c. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-1960221 Not Applicable $Z_{\rm ID}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GEORGE, WALTER B Street Address (P.O. Box Number is Not Acceptable) 2320 W. HIGHWAY 98 PANAMA CITY FL 32401 City Zip Code FL 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 Signitize, typed or chined happelot registred poent unit at a Trinpf casis. (fivDTF_Registrated Agent a gradure required when rains taking FILE NOW!!!- FEE IS \$150.00 9. Election Cambaign Financing \$5,00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fixed Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Derete TITLE ☐ Change Addition GEORGE, RONALD L MAME NAME U000000801198 STREET ADDRESS 1304 FRANKFORD AVE STREET ADDRESS 02/01/08-80008-012 150.00 CITY ST-7P PANAMA CITY FL CITY-OT ZIP TITLE TS Da ete TITLE ☐ Change Addition NAME: PARMER, PAMELA S NAME STREET ADDRESS 1304 FRANKFORD AVE STREET ADORESS CITY-ST-7IP PANAMA CITY FL 32401 CITY-ST-ZIP THE SD ☐ De:ele THLE ☐ Change Addition NAME GEORGE, WAI, TER B. STREET ADDRESS STREET ADDRESS 1304 FRANKFORD AVE CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP SD 1111.0 ☐ Delete TITLE Change ☐ Addition TRACIS. WALDO NAME NAME 1304 FRANKFORD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIF TITLE ☐ Delete TiTi F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ξ. CHY-S1-ZIP CITY-SI-ZIP TITLE Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path, 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.

SIGNATURI

RAYS.WALDD

FILED