## 2008 FOR PROFIT CORPORATION

## **FILED** Mar 26, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000005114 1. Entity Name RON TRANSPORTATION OF CENTRAL FLORIDA INC Principal Place of Business Mailing Address 8602 ASHBURY PARK 8602 ASHBURY PARK ORLANDO, FL 32818 ORLANDO, FL 32818 No Cha-P CR2E034 (11/05) 03192008 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 57-1217265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMNATH, SEERANIE P DO NOT WRITE 8602 ASHBURY PARK ORLANDO, FL 32818 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. 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RAMNATH, SEERANIE P STREET ADDRESS 8602 ASHBURY PARK ORLANDO, FL 32818 CITY-ST-ZIP TITLE NAME. RAMNATH, MOTEELALL STREET ADDRESS 8602 ASHBURY PARK ORLANDO, FL 32818 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SURFET ADDRESS CITY-ST-ZIP

EERANIE P. RAMNATH

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