

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90049 019 ***150.00

DOCUMENT # 431448

1. Entity Name
RONSONET BUICK-GMC TRUCK, INC.



Principal Place of Business
**490 E DUVAL ST
LAKE CITY, FL 32055**

Mailing Address
**P.O BOX 1446
LAKE CITY, FL 32056**

94033432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1484377

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDAVID, TERRY
128 S HERNANDO ST.
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name **Norbie S. Ronsonet**
Street Address (P.O. Box Number is Not Acceptable)
490 E. Duval St.
City **Lake City** FL Zip Code **32055**

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)

DATE

Norbie S. Ronsonet 3-18-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **RONSONET, NORBIE, J**
STREET ADDRESS **2371 INGLEWOOD DR.**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE 1VD ☐ Delete
NAME **RONSONET, NORBIE, S**
STREET ADDRESS **RT B BOX 4654**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE SD ☐ Delete
NAME **RONSONET, MITCHELL J.**
STREET ADDRESS **RT 8 BOX 564**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE 2VP ☐ Delete
NAME **RONSONET, MARTHA A**
STREET ADDRESS **2371 INGLEWOOD DR.**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1247 SE Inglewood Ave.**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **489 NW Spring Hollow Blvd.**
CITY-ST-ZIP **Lake City, FL 32055**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **469 SW Lakeview Ave**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1247 SE Inglewood Ave**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Norbie S. Ronsonet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04 (386)752-2180

Date

Daytime Phone #