


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 431448 1. Entity Name RONSONET BUICK-GMC TRUCK, INC.	
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Principal Place of Business 490 E DUVAL ST LAKE CITY, FL 32055	Mailing Address P.O BOX 1446 LAKE CITY, FL 32056
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02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1484377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RONSONET, NORBIE S 490 E. DUVAL ST. LAKE CITY, FL 32055
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD RONSONET, NORBIE, J 1247 SE INGLEWOOD AVE. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD RONSONET, NORBIE, S 489 NW SPRING HOLLOW BLVD. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RONSONET, MITCHELL J. 469 SW LAKEVIEW AVE. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP RONSONET, MARTHA A 1247 SE INGLEWOOD AVE. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000231253  
02/16/05-80024-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ Date: 2-15-2005 (386) 752-2180

Norbie J. Ronsonet, President