


- 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # 653579			
1. Entity Name RON'S KAWASAKI, INC.			
Principal Place of Business 2320 W. HWY 98 PANAMA CITY FL 32401 US		Mailing Address 2320 W. HWY 98 PANAMA CITY FL 32401 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEORGE, WALTER B 2320 W. HIGHWAY 98 PANAMA CITY FL 32401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code



1st MOORE CR2E034 (10/07)

4. FEI Number	59-1960221	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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 date. (NOTE: Registered Agent signature required when not filing.)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEORGE, RONALD L 1304 FRANKFORD AVE PANAMA CITY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PARMER, PAMELA S 1304 FRANKFORD AVE PANAMA CITY FL 32401	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE, WALTER R. 1304 FRANKFORD AVE PANAMA CITY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRACI S. WALDO 1304 FRANKFORD AVE PANAMA CITY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
U00000801198 02/01/08-80008-012 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 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* **TRACI S. WALDO** **1-25-08** **850 785 5641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year