

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90275 011 ****61.25

| | | | | | |
|---|--------------------------|--|---|---|--|
| DOCUMENT # 736018 | | | |  | |
| 1. Entity Name RICHARD RONISVALLE'S REALTY, INC. | | | | | |
| Principal Place of Business 180 CHURCH ROAD MERRITT ISLAND, FL 32953 | | Mailing Address P.O. BOX 711 COCOA, FL 32923 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1711331 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| RONSISVALLE, RICHARD 180 CHURCH ROAD MERRITT ISLAND, FL 32953 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 <i>Richard Ronisvalle, PRESIDENT</i> | | | | DATE <i>3/02/05</i> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RONSISVALLE, RICHARD | | NAME | | |
| STREET ADDRESS | 180 CHURCH ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RONSISVALLE, CAROL | | NAME | | |
| STREET ADDRESS | 180 CHURCH ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RONSISVALLE, RICHARD M | | NAME | CHRISTY M. RONSISVALLE | |
| STREET ADDRESS | 180 CHURCH ROAD | | STREET ADDRESS | 180 CHURCH RD | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RONSISVALLE, RICHARD M | | NAME | RICHARD M. RONSISVALLE | |
| STREET ADDRESS | 1332 COVINGTON CT | | STREET ADDRESS | 180 CHURCH RD | |
| CITY-ST-ZIP | ST CHARLES, IL 60174 | | CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 617, 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: <i>Richard Ronisvalle</i> | | DATE: <i>3/2/05</i> | | DAYTIME PHONE #: <i>321 452-5572</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | | DAYTIME PHONE # | |