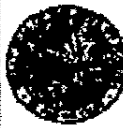


2005 FOR PROFIT CORPORATION ANNUAL REPORT

Paul J. Chitt
11/6/04
4/28/05
FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H53723		
1. Entity Name RON-WOOD ENTERPRISES, INC.		
Principal Place of Business 8458 SHELDON RD. TAMPA, FL 33615	Mailing Address 8458 SHELDON RD. TAMPA, FL 33615	



04292005 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-2527518	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPE, HAYWOOD M. JR. 6808 MEXICALA COURT TAMPA, FL 33634	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 *[Signature]* *4/28/05*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) 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 Fee**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPE, HAYWOOD M. JR. 6808 MEXICALA COURT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, RONALD E 7204 LAGUNA COURT TAMPA, FL 33
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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(9)(c), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS OFFICER OR DIRECTOR

4/28/05 **813-987-5078**
Date Signature Phone #