FILED
May 02, 2005 08:00 AM
Secretary of State

Paid ck# 1164 4/28/05

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H53723

1. Entity Name
RON-WOOD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8458 SHELDON RD. TAMPA, FL 33615	8458 SHELDON RD TAMPA, FL 33615

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2527518 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPE, HAYWOOD M.,JR.
6908 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: R. E. Glover 4/28/05

Signature, typed or printed name of registered agent and title if applicable. (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	P
NAME	COPE, HAYWOOD M JR.
STREET ADDRESS	6908 MEXICALA COURT
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	GLOVER, RONALD E
STREET ADDRESS	7204 LAGUNA COURT
CITY-ST-ZIP	TAMPA, FL 13
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	

800000359845
05/02/05--80120--018--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)(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: R. E. Glover 4/28/05 813-987-5078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #