

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 035 ***150.00

DOCUMENT # J12022

1. Entity Name

ROCKEFELLER AND RINGLING INCORPORATED



Principal Place of Business

1636 LOVES POINT DRIVE
LEESBURG FL 34748
US

Mailing Address

1636 LOVES POINT DRIVE
LEESBURG FL 34748
US

MOVED

40010010



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7070 SE 14TH COURT

3. Mailing Address

7070 SE 14TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-2740274

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNES, KENNETH R
5520 CITATION CT
LADY LAKE FL 32159

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.

(CHANGE OF ADDRESS)

SIGNATURE

Kenneth R Karnes

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	KARNES, KENNETH R.	1636 LOVES POINT DRIVE LEESBURG FL 34748				
	PD	KARNES, KENNETH R.	7070 SE 14TH COURT OCALA, FLORIDA 34480				

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:

Kenneth R Karnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12965 352-337-5249

Date

Daytime Phone #