

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90688 025 ***150.00

DOCUMENT # K72728

1. Entity Name

RON'S ISLAND COURT, INC.



Principal Place of Business

~~5487 87TH STREET~~ **9350 USI**
SEBASTIAN FL 32958
US

Mailing Address

6635 110TH PLACE
SEBASTIAN FL 32958
US

2. Principal Place of Business

9350 USI

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

City & State

Zip

32958

Country

IND RIVER

Zip

Country

4. FEI Number

65-0117379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GAUDET, RONALD F.
6635 110TH PLACE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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

[Signature]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GAUDET, RONALD F.**
CITY-ST-ZIP **6635 110TH PLACE**
SEBASTIAN FL

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **DUBINSKY, KAREN**
CITY-ST-ZIP **528 SOUTH ST**
EAST AURORA NY

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **FRANKO, SUZANNE M.**
CITY-ST-ZIP **6329 SCHERFF RD**
ORCHARD PARK NY

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CHRISTY, LYNN M.**
CITY-ST-ZIP **216 LONGVIEW DR**
JEFFERSONVILLE IN

TITLE ☐ Delete
NAME **VST**
STREET ADDRESS **GAUDET, JUNE M.**
CITY-ST-ZIP **6635 110TH PLACE**
SEBASTIAN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 772589 0158