

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90033 032 ***150.00

DOCUMENT # L69190

1. Entity Name
RONEY AUTO WHOLESALE, INC.



Principal Place of Business
%WILLIAM A RONEY
3104 STATE ROAD 574
PLANT CITY, FL 33567-4518

Mailing Address
%WILLIAM A RONEY
3104 STATE ROAD 574
PLANT CITY, FL 33567-4518

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0192687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RONEY, WILLIAM A
3104 STATE ROAD 574
PLANT CITY, FL 33566

**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, typed or printed name of registered agent or trustee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 RONEY, WILLIAM A
STREET ADDRESS 1431 COWART RD
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VP
NAME RONEY, JUDY E
STREET ADDRESS 1431 COWART RD
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

3/10/06 8137576287

8139510844