2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # M40490

RON DALL & COMPANY, INC.



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3901 SE ST LUCIE BV

3901 SE ST LUCIE BV

STUART, FL 34997 US

STUART, FL 34997



DO NOT WRITE IN THIS SPACE

04212006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For

5. Certificate of Status Desired

59-2737770

Not Applicable \$8.75 Additional

Fee Required

6. Name an	a Address of Curr	ent Registered	Agent	
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DALL, JANE 3901 SE ST LUCIE BV 76 STUART, FL 34997

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the patients of registered agent.	urpose of changing its registered of	ffice or	registered agent, or bo	oth, In the State of Florida. I am familia	ir with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE; Registered Ago	nt signatur	e required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	05/09/06-80006-008	150.00	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·		
TITLS NAME STREET ADDRESS CITY-ST-ZIP	DP DALL, RON 3901 SE ST. LUCIE BLVD., #76 STUART, FL 34997					a memena	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					A STATE OF THE STA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO	NOT WRITE	e general de la companya de la comp La companya de la companya della companya de la companya della companya del	
TITLE NAME STREET ADDRESS GRY-ST-ZIP				IN THIS SPACE			
TITLE NAME				· · · · · · · · · · · · · · · · · · ·		77.77 (1997)	

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP