

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90218 041 ***150.00

DOCUMENT # P00000001256


1. Entity Name
RON'S WELDING & GATE REPAIR, INC.



Principal Place of Business 10970 SHARON DR. NORTH FORT MYERS, FL 33917	Mailing Address 10970 SHARON DR. NORTH FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE

400000



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, BILLIE P
 10970 SHARON DR.
 NORTH FORT MYERS, FL 33917

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, RONALD F <i>10970 SHARON DR</i> <i>231 N POINSETTA DR</i> FT MYERS, FL 33905 <i>33917</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, BILLIE P <i>10970 SHARON DR.</i> <i>231 N POINSETTA DR</i> FT MYERS, FL 33905 <i>33917</i>
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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: Billie P. Herman *4-19-05* *239-543-9202*

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