2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 2

DOCUMENT # P01000047451 1. Entity Name RON ROSENDAHL INDUSTRIES, INC.								Secretary of State		
Principal Place of Business 458 CENTRAL AVE NAPLES FL 34102				Mailing Address 458 CENTRAL AVE NAPLES FL 34102						
2. Principal Place of Business				3. Mailing Address			-			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				-	MOORE CR2E034 (11/03)	
City & State				City & State				4.	FEI Number 59-3719022 Applied For Not Applicable	
Zip	<u> </u>					Соиг	atry		Certificate of Status Desired	
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name			
ROSENDAHL, LEONARD H JR 458 CENTRAL AVE NAPLES FL 34102						Street Address (P.O. Box Number is Not Acceptable)				
NAPLES PE 34102							City		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										
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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		ORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	PS ROSENDA 458 CENT NAPLES F	· 	RLH CI		Delete	•	!		Change Addition U00000028002 02/04/04-80010-005 150.00	
TIRLE NAME STREET ADDRESS CITY-ST-ZIP			-	<u> </u>	☐ Delete	3			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete		_		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP					☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	1			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	CITY	E ET ADORESS -ST-ZIP		☐ Change ☐ Addition	
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 accountate 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 busines 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 appriess, with all other like empowered.										

FILED