2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State

4/,

DOCUMENT # P01000059635 1. Ertity Name RONAN ENTERPRISES, INC.						04-28-20	08 90 3 6	7 049 ***	*150.00
Principal Place of Business 4537 E. SENECA DR 4537 E. SENECA DR 4537 E. SENECA DR 4537 E. SENECA DR ACKSONVILLE, FL 32259 5 t. Johns 2. Principal Place of Business - No P.O. Box # 13. Mailing Address					1	012040 			
2. Principal P Suite, Apt.		3. Mailing Address	Suite, Apt. II, etc.			(1 0 0101 888% 84% 8 8% 0	AND CHIE LIND		HALL B LEAD
City & State		City & State				Chg-P	CR2E	034 (12/06)	oplied For
					4. FEI Number 59-3728843			N	ot Applicable
Zip	Country	Zip	Country	,	<u> </u>	e of Status Desired		\$8.75 Ad Fee Require	
<u> </u>	6. Name and Address of Currer		Name	7. Name and	d Address of New	Registered	Agent		
FAIRBANKS, RANDALC James V. Walker 217 POINTE VEDRA PARK DRIVE 1102 AIA N. Sta PONTE VEDRA BEACH, FL 32082				Street Address (P.O. Box Numb	per ls Not Acceptab	He)		
"	: :								
_	· 			City			FL	Zip Cod	
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, hypothypothese name of registered agent and side if policiable. PATE PROTE: Registered Agent appeals after registered when remeating) DATE									
<u>├</u>	Signature, typindips privined name of registered age	ert and side of Spoplicables. (PAD)	TE: Registered A	Contraction required	d when reinesting)	 	DATE		
#ILE NOWID FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND DIRECTORS D D Debte				ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	D Deleta MCKIMSON, ROBERT P		TITLE MANE					☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP	SS 4537 E. SENECA DR JACKEONVILLE, FL 32259 5+. Johns		STREET A	ADDRESS 1-zip					
IME	D Defete		TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP	MCKIMSON, NANCY S 4537 E. SENECA DR JACKSONVILLE, FL 32259 S. + - Johns			ADDRESS T-ZIP					
TITLE	<u></u>	☐ Delete	IIILE					Change	Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET /	ADORESS 1-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET / CITY-ST	ADDRESS T-ZIP					
TITLE			TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET /	ADDRESS I- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletz	TITLE NAME STREET / CHTY-ST	ADDRESS 7-ZIP				☐ Change	Addition
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: Dobet MWW M - Robert MYKIMSON - Pros									