2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000107134 1. Entity Name FLO-RONKE, INC. Principal Place of Business Mailing Address 1513 EAST ELLICOTT STREET 1513 EAST ELLICOTT STREET **TAMPA, FL 33610** TAMPA, FL 33610 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3757029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AKINTOLA, FLORENCE 1613 PROWMORE DRIVE DO NOT WRITE BRANDON, FL 33511 IN THIS SPACE 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE AKINTOLA, FLORENCE NAME 1513 EAST ELLICOTT STREET STREET ADDRESS CITY-ST-70P **TAMPA, FL 33610** TITLE U00000357302 05/04/05-80066-012 150.00 NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 any address, with all other the property of the corporation of the corporati

NING OFFICER OR DIRECTOR

FILED

Davtime Phone #