


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 018 ***150.00

DOCUMENT # P03000060053	
1. Entity Name THE RAMBLE INN, INC.	

Principal Place of Business 16923 LOCH MOOR LANE SPRING HILL, FL 34610	Mailing Address 16923 LOCH MOOR LANE SPRING HILL, FL 34610
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54071283



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0473427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, DEBBIE 16923 LOCH MOOR LANE SPRING HILL, FL 34610		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> - \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 667, 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:  **8/28/04** **727-808-2917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc # 013000060053
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
RENEWAL NOTICE *54071283*

PART A – Please read and follow all instructions carefully. PART “B” of this form is your DBPR License Renewal Notice.

2COP

BEV3701238

RETURN RENEWAL TO:

DBPR
P O BOX 6300
TLH FL 32314-6300

HAROLD E. SONNAY JR.
THE RAMBLE INN
18139 COMMERCIAL WAY
BROOKSVILLE FL 34610

NEW ONLINE USERS ONLY: INITIAL PIN #4512

18139 COMMERCIAL WAY
BROOKSVILLE FL 34610

Renew your license online at www.MyFloridaLicense.com. See the enclosed instructions.

As a licensee of the department, you are solely responsible for notifying us through our website, Customer Contact Center or in writing of your current mailing address. Service by regular mail to your last known address of record constitutes adequate and sufficient notice to you for any official communication to you except when other service is required.

The process of renewing a license by mail may take four (4) to six (6) weeks. Please **allow sufficient time** before calling to confirm the receipt of fees or the status of your license. You may find additional information concerning your profession at www.MyFloridaLicense.com.

If you remain on inactive status for more than two (2) consecutive biennial licensure cycles and wish to reactivate your license, you may be required to meet certain additional reactivation criteria.

Please make checks and money orders payable to “**Department of Business and Professional Regulation**” or “**DBPR.**”

DETACH RENEWAL NOTICE HERE

PART B 2COP

BEV3701238 400
RENEWAL NOTICE
STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIV OF ALCOHOLIC BEVERAGES & TOBACCO

20 2,839

IMPORTANT: BY SUBMITTING THE APPROPRIATE RENEWAL FEES TO THE DEPARTMENT, A LICENSEE AFFIRMS COMPLIANCE WITH ALL REQUIREMENTS FOR RENEWAL, INCLUDING CONTINUING EDUCATION CREDITS.

**YOUR ALCOHOLIC BEVERAGE RETAILER
LICENSE**

WILL EXPIRE **SEPTEMBER 30, 2004**REMIT FEE OF **\$392.00**BEV FEE: **\$392.00**

Please indicate mailing address change below.		
Licensee's Last Name	First	Middle Initial
Street Address		
Street Address		
City	State	Zip

HAROLD E. SONNAY JR.
THE RAMBLE INN
18139 COMMERCIAL WAY
BROOKSVILLE FL 34610