

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90050 006 \*\*\*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

2. Principal Place of Business

18139 COMMERCIAL WAY  
Suite, Apt. #, etc.

3. Mailing Address

18139 COMMERCIAL WAY  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

4. FEI Number

51-0473427

Applied For

Not Applicable

Zip

34614

Country

Zip

34614

Country

5. Certificate of Status Desired ☐

\$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)

18139 COMMERCIAL WAY

City

BROOKSVILLE

FL

Zip Code

34614

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

*Deborah L Miller*

Deborah L Miller

2/4/05

(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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MILLER, DEBBIE  
STREET ADDRESS 16923 LOCH MOOR LN  
CITY-ST-ZIP SPRING HILL FL 34610

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER ☒ Change ☐ Addition  
NAME HAROLD E. SONNAY JR.  
STREET ADDRESS 18139 COMMERCIAL WAY  
CITY-ST-ZIP BROOKSVILLE, FL 34614

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 an address, with all other like empowered.

SIGNATURE:

*Deborah L Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L Miller

Date

2/4/05

Daytime Phone #

352-597-0052