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FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90646 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115148

1. Entity Name
RONNIE W. SANDERFUR JR., INC.

66414856

Principal Place of Business	Mailing Address
P. O. BOX 152779 TAMPA FL 33684-2779	P. O. BOX 152779 TAMPA FL 33684-2779
6907 E 29th AVE TAMPA FLA 33619	

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6907 E 29 AVE	6907 E 29 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLA	City & State: TAMPA FLA
Zip 33619 Country HILLSBOROUGH	Zip 33619 Country HILLSBOROUGH

4. FEI Number 65-1208084 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, BILL M
550 N. REO ST., SUITE 300
TAMPA, FL 33609-1013

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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERFUR, RONNIE W JR. 6907 E. 29TH AVE. TAMPA, FL 336091013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: x Ronnie W. Sanderfur Jr. Inc. x 4/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #