


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-24-2005 90037 004 ***100.00
03-17-2005 90014 016 ****50.00

DOCUMENT # P03000115148 1. Entity Name RONNIE W. SANDERFUR JR., INC.					
Principal Place of Business 6907 E 29 AVE. 6903 TAMPA FL 33619			Mailing Address 6907 E 29 AVE. 6903 TAMPA FL 33619		
2. Principal Place of Business 6903 E 29th AVE Suite, Apt. #, etc.		3. Mailing Address FIN Suite, Apt. #, etc.			
City & State TAMPA FL		City & State FIN		4. FEI Number 65-1208084	
Zip 33609 Country HILLSBORO		Zip 11 Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$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. 6903 E 29th AVE TAMPA FL 33609-1013		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	
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 19.07(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: <i>Ronnie W. Sanderfur Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/18/05 Daytime Phone #		