


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90132 037 \*\*\*150.00

<b>DOCUMENT # P04000008701</b>					
<b>1. Entity Name</b> RONNIE FARFAGLIA INC					
<b>Principal Place of Business</b> 3682 STARRATT ROAD JACKSONVILLE, FL 32226			<b>Mailing Address</b> 3682 STARRATT ROAD JACKSONVILLE, FL 32226		
<b>2. Principal Place of Business</b> #94B 2260 University Blvd N Suite, Apt. #, etc. Jacksonville		<b>3. Mailing Address</b> 2260 University Blvd N Suite, Apt. #, etc. #94B Jacksonville FL			
City & State FL		City & State Jacksonville FL		<b>4. FEI Number</b> 20-0543265	
Zip 32211		Country Duval		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08312005 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> RONNIE, FARFAGLIA 3682 STARRATT ROAD JACKSONVILLE, FL 32226			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2260 University Blvd N #94B City Jacksonville FL Zip Code 32211		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> FARFAGLIA, RONNIE 3682 STARRATT ROAD JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	2260 University Blvd N #94B Jacksonville FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> WATKINS, TIMOTHY 151064 COUNTY ROAD 108 HILLARD, FL 32046	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	5055, Brad T 54863 Donbush Rd Callahan FL 32011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> SMITH, JEFFERY 11896 SHEFFIELD ROAD JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Kilpatrick, J.A. 54419 Layton Callahan FL 32011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> FARFAGLIA, RONNIE 3682 STARRATT ROAD JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	2260 University Blvd N #94B Jacksonville FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> FARFAGLIA, RONNIE 3682 STARRATT ROAD JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	2260 University Blvd N Jacksonville FL 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Ronnie Farfaglia</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Pres 8-31-05 904-334 3992 Date Daytime Phone #		