


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90039 030 \*\*\*150.00

<b>DOCUMENT # P05000037817</b>		
1. Entity Name <b>RONNIE DEESE &amp; SON INC</b>		

Principal Place of Business <b>717 W. BRIDGERS AVENUE AUBURNDALE, FL 33823</b>	Mailing Address <b>717 W. BRIDGERS AVENUE AUBURNDALE, FL 33823</b>
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**40105070**



2. Principal Place of Business - No P.O. Box # <b>4406 FLINTLOCK LOOP</b>	3. Mailing Address <b>4406 FLINTLOCK LOOP</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.


05202008 Chg-P CR2E034 (12/06)

City & State <b>LAKE LAND, FL.</b>	City & State <b>LAKE LAND, FL.</b>
Zip <b>33810-0102</b>	Zip <b>33810-0102</b>
Country <b>U.S.A</b>	Country <b>U.S.A</b>

4. FEI Number <b>20-2506226</b>	Applied For <input type="checkbox"/> Not Applicable
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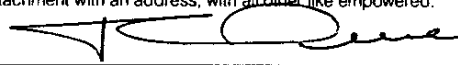
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALL FLORIDA FIRM, INC. 813 DELONTA BLVD. SUITE A DELTONA, FL 32725</b>		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 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DEESE, RONNIE N 4406 FLINTLOCK LOOP LAKE LAND, FL 33810 <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	VP DEESE, CHRISTOPHER B 4406 FLINTLOCK LOOP LAKE LAND, FL 33810 <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
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
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 exemptions contained in Chapter 119, 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: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

ATTACHMENT 40105070  
# P05000037817

**CHRIS DEESE**

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**From:** "corphelp" <corphelp@dos.state.fl.us>  
**To:** "CHRIS DEESE" <mdeese@msn.com>  
**Sent:** Monday, May 19, 2008 9:57 AM  
**Subject:** RE: annual report [sls]

The only provision the State has to waive the late fee is if prior notice to file was not received. If this is the case when you access the annual report you'll see the waiver paragraph in bold red print with a box to the left to check off.

To access your 2008 Annual Report go to our website [www.sunbiz.org](http://www.sunbiz.org) and in the upper portion of the homepage you will see two banners, one is an option to file online using a credit card and the other lets you download the report to be mailed in with payment.

Thanks,

Lee Yarbrough  
Internet Access  
Division of Corporations

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida's Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation. DOS Customer Satisfaction Survey

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**From:** CHRIS DEESE [mailto:mdeese@msn.com]  
**Sent:** Monday, May 19, 2008 8:24 AM  
**To:** corphelp  
**Subject:** annual report [sls]

I did not receive this report in time. It went to wrong address.

Thanks-Ronnie deese