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Jun 14, 2006 8:00 am
Secretary of State

05-03-2006 90222 050 ***150.00
06-14-2006 90004 018 *****8.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163054

1. Entity Name
RONNIE SOTHERDEN INC

Principal Place of Business	Mailing Address
8400 SE 175TH CT OCKLAWAHA, FL 32179	8400 SE 175TH CT OCKLAWAHA, FL 32179

03302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	8400 SE. 175 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKlawaha 71	City & State: OKlawaha
Zip: 32179 Country: Marion	Zip: 71 Country: Marion

4. FEI Number: 20-3942970 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOTHERDEN, RONNIE R
8400 SE 175TH CT
OCKLAWAHA, FL 32179

FEI 203942970

7. Name and Address of New Registered Agent

Name: Ronnie Sotherden Inc.
Street Address (P.O. Box Number is Not Acceptable): 8400 S.E. 175 CT
City: OKlawaha FL Zip Code: 32179

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: Ronnie Sotherden 3/31/06
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, 2006 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	P SOTHERDEN, RONNIE 8400 SE 175TH CT OCKLAWAHA, FL 32179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ronnie R Sotherden 3/31/06 (352) 274-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

274-3029