

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90068 042 \*\*\*150.00

<b>DOCUMENT # P96000002643</b>					
<b>1. Entity Name</b> RONCO TRUCKING, INC.					
<b>Principal Place of Business</b> 120 12th STREET WIMAUMA, FL 33359-0			<b>Mailing Address</b> POST OFFICE BOX 1529 WIMAUMA, FL 33590		
<b>2. Principal Place of Business</b> 516 FRANDOR PL Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> APOLLO BEACH, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0647084	
<b>Zip</b> 33572		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RONCOLATO, JOSEPH 516 FRANDOR PL APOLLO BEACH, FL 33572			<b>7. Name and Address of New Registered Agent</b> Name: MICHELE A. RONCOLATO Street Address (P.O. Box Number is Not Acceptable): 516 FRANDOR PL City: APOLLO BEACH FL Zip Code: 33572		
<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: <u>Michele Roncolato</u> MICHELE A. RONCOLATO 2/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RONCOLATO, JOSEPH <input checked="" type="checkbox"/> Delete POST OFFICE BOX 1529 N/A WIMAUMA, FL 33598		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/D <input type="checkbox"/> Delete MICHELE RONCOLATO 516 FRANDOR PL APOLLO BEACH, FL 33572		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	
<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>Michele Roncolato</u> MICHELE A. RONCOLATO 2/28/05 813-615-8224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					