

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000070310

1. Entity Name
RONNIE VAN ZANT, INC.



Principal Place of Business
**500 OCEANFRONT
NEPTUNE BEACH, FL 32266**

Mailing Address
**500 OCEANFRONT
NEPTUNE BEACH, FL 32266**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3681828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENNESS, JUDITH A
1605 BEACH AVE.
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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

TITLE: **DPS**
NAME: **JENNESS, JUDITH A**
STREET ADDRESS: **1605 BEACH AVE.**
CITY-ST-ZIP: **ATLANTIC BEACH, FL 32233**

TITLE: **DVP**
NAME: **VAN ZANT, MELODY**
STREET ADDRESS: **851 BEACH AVE**
CITY-ST-ZIP: **ATLANTIC BEACH, FL 32233**

TITLE: **DVP**
NAME: **VAN ZANT, TAMMY**
STREET ADDRESS: **1016 COACHMAN PLACE**
CITY-ST-ZIP: **MIDDLEBURG, FL 32068**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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03/03/06-80036-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Judith A. Jenner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 (904)241-7559
Date Daytime Phone #