

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91048 034 ***150.00

DOCUMENT # S42998

1. Entity Name

RON-AL OF PINELLAS, INC.



Principal Place of Business

1056 N PINELLAS AVE
TARPON SPRINGS FL 34689

Mailing Address

325 LAUGHING GULL
PALM HARBOR FL 34683

44043766

2. Principal Place of Business

325 Laughing Gull
Suite, Apt. #, etc.

3. Mailing Address

1025 Ohio Ave.
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3059433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, RONALD S
325 LAUGHING GULL LANE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name
Accounting Clinic - Peggy Koski
Street Address (P.O. Box Number is Not Acceptable)

1025 Ohio Ave.

City
Palm Harbor

FL

Zip Code
34683

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
Peggy Koski PEGGY KOSKI

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

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS WILLIAMS, RONALD S.
CITY-ST-ZIP 325 LAUGHING GULL LN
PALM HARBOR FL ☐ Delete

TITLE
NAME VPSD
STREET ADDRESS WILLIAMS, DONNA K
CITY-ST-ZIP 325 LAUGHING GULL
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Ronald S. Williams RONALD S. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

DATE

727-784-9742

DAYTIME PHONE #