


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V45542**  
 1. Entity Name  
**RONNIE'S REPAIR SHOP, INC.**



Principal Place of Business      Mailing Address  
 5091 SUNBEAM RD.      5091 SUNBEAM RD.  
 JACKSONVILLE, FL 32257      JACKSONVILLE, FL 32257



03102004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3127859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**  
 SCHULTZ, JEANINE E.  
 5091 SUNBEAM RD.  
 JACKSONVILLE, FL 32257

**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 reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**        **\$5.00** May Be Added to Fees

1100000133835  
 04/27/04-80105-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BRAASCH, HARRIET E. 1637 STATE RD. 13 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BRAASCH, RONALD W., JR. 1621 STATE RD. 13 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BRAASCH, JOHN E. 1615 STATE RD 13 JAX, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHULTZ, JEANINE E. 2836 OAKLAND DR. GREEN COVE SPGS., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Jeanine E. Schultz President*      4/14/04    (904) 636-0739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #