


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V45542 1. Entity Name RONNIE'S REPAIR SHOP, INC.							
Principal Place of Business 5091 SUNBEAM RD. JACKSONVILLE FL 32257		Mailing Address 5091 SUNBEAM RD. JACKSONVILLE FL 32257					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
SCHULTZ, JEANINE E. 5091 SUNBEAM RD. JACKSONVILLE FL 32257		Name					
		Street Address (P.O. Box Number is Not Acceptable)					
		City	FL	Zip Code			
4. FEI Number 59-3127859 <table style="float: right; border: 1px solid black;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>				Applied For		Not Applicable	
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
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		DATE					
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRAASCH, HARRIET E.	NAME					
STREET ADDRESS	1637 STATE RD. 13	STREET ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL	CITY - ST - ZIP					
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRAASCH, RONALD W., JR.	NAME					
STREET ADDRESS	1621 STATE RD. 13	STREET ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL	CITY - ST - ZIP					
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRAASCH, JOHN E.	NAME					
STREET ADDRESS	1615 STATE RD 13	STREET ADDRESS					
CITY - ST - ZIP	JAX FL	CITY - ST - ZIP					
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SCHULTZ, JEANINE E.	NAME					
STREET ADDRESS	2836 OAKLAND DR.	STREET ADDRESS					
CITY - ST - ZIP	GREEN COVE SPGS. FL	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
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: <i>Jeanine Schultz</i>		2/16/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date					
		Daytime Phone #					



1st MOORE CR2E034 (10/04)