

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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**



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3127859

Applied For
 Not Applicable

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

6. 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 *Jeanine E. Schultz*

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, 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 **ST**
 NAME **BRAASCH, HARRIET E.**
 STREET ADDRESS **1637 STATE RD. 13**
 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **DV**
 NAME **BRAASCH, RONALD W., JR.**
 STREET ADDRESS **1621 STATE RD. 13**
 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **DV**
 NAME **BRAASCH, JOHN E.**
 STREET ADDRESS **1815 STATE RD 13**
 CITY-ST-ZIP **JAX, FL**

TITLE **P**
 NAME **SCHULTZ, JEANINE E.**
 STREET ADDRESS **2836 OAKLAND DR.**
 CITY-ST-ZIP **GREEN COVE SPGS., FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000523116
 05/03/06-80058-022 150.00

**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: *Jeanine E. Schultz* 4/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #