


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V45542</b> 1. Entity Name RONNIE'S REPAIR SHOP, INC.	
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Principal Place of Business 5091 SUNBEAM RD. JACKSONVILLE, FL 32257	Mailing Address 5091 SUNBEAM RD. JACKSONVILLE, FL 32257
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**DO NOT WRITE IN THIS SPACE**

03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3127859	Applied For Not Applicable
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**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**

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04/20/07-80003-004 150.00

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 **4/7/07** **(904) 636-0739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #