

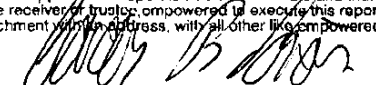
Apr 28 06 09:35a

ValienteHernandez PA

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 020 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT #276160					
1. Entity Name RANON, INC.					
Principal Place of Business 5109 N HOWARD AVE TAMPA, FL 33603-1417			Mailing Address 5109 N HOWARD AVE TAMPA, FL 33603-1417		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1027052	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent N RANON, CARLOS A B 5109 N. HOWARD AVENUE TAMPA, FL 33603				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RANON, ANGEL		NAME		
STREET ADDRESS	5109 N. HOWARD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	RANON, JOSE A		NAME		
STREET ADDRESS	5109 N. HOWARD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RANON, JOSEPH A JR		NAME		
STREET ADDRESS	5109 N. HOWARD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33603		CITY - ST - ZIP		
TITLE	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RANON, CARLOS B.		NAME		
STREET ADDRESS	5109 N. HOWARD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BABANATS, GEORGE NICK		NAME		
STREET ADDRESS	5109 N. HOWARD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 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 the address, with all other like empowered.					
SIGNATURE: 			5/1/06 813-872-2725		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40081457



04272006 Chg-P CR2E034 (11/05)

4. FEI Number
59-10270525. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredFILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RANON, ANGEL	
STREET ADDRESS	5109 N. HOWARD AVENUE	
CITY - ST - ZIP	TAMPA, FL	
TITLE	D	☒ Delete
NAME	RANON, JOSE A	
STREET ADDRESS	5109 N. HOWARD AVENUE	
CITY - ST - ZIP	TAMPA, FL	
TITLE	S	☐ Delete
NAME	RANON, JOSEPH A JR	
STREET ADDRESS	5109 N. HOWARD AVENUE	
CITY - ST - ZIP	TAMPA, FL 33603	
TITLE	PT	☐ Delete
NAME	RANON, CARLOS B.	
STREET ADDRESS	5109 N. HOWARD AVENUE	
CITY - ST - ZIP	TAMPA, FL	
TITLE	VP	☐ Delete
NAME	BABANATS, GEORGE NICK	
STREET ADDRESS	5109 N. HOWARD AVENUE	
CITY - ST - ZIP	TAMPA, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #