2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K46200

1. Entity Name
ROB-RON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% LEHMAN R GARRIGA JR 300 MARY ESTHER CUTOFF MARY ESTHER, FL 32569	% LEHMAN R GARRIGA JR 300 MARY ESTHER CUTOFF MARY ESTHER, FL 32569

DO NOT WRITE IN THIS SPACE

03262004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2920858

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GARRIGA, LEHMAN R. JR
300 MARY ESHTER CUTOFF
MARY ESTHER, FL 32569

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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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRIGA, LEHMAN R., JR.
STREET ADDRESS	120 SCOTTSDALE CT
CITY-ST-ZIP	MARY ESHTER, FL

TITLE	D
NAME	GARRIGA, ROBIN HAMRICK
STREET ADDRESS	120 SCOTTSDALE CT
CITY-ST-ZIP	MARY ESHTER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80033-021 150.00

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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: _Lehman R. Garriga Jr._ , Lehman R. Garriga Jr.   4/23/04   850-244-3537

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