


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # K46200
1. Entity Name
ROB-RON ENTERPRISES, INC.



Principal Place of Business % LEHMAN R GARRIGA JR 300 MARY ESTHER CUTOFF MARY ESTHER, FL 32569	Mailing Address % LEHMAN R GARRIGA JR 300 MARY ESTHER CUTOFF MARY ESTHER, FL 32569
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03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920858	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
**GARRIGA, LEHMAN R. JR
300 MARY ESHTER CUTOFF
MARY ESTHER, FL 32569**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

100000266869
03/17/05 08:00 AM DATE 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D GARRIGA, LEHMAN R., JR. 120 SCOTTSDALE CT MARY ESHTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRIGA, ROBIN HAMRICK 120 SCOTTSDALE CT MARY ESHTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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.** **3/14/05** **850-244-3537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #