

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90381 047 ***158.75

DOCUMENT # P99000004286
 1. Entity Name
 RON JON HOLDINGS MANAGEMENT, INC.



Principal Place of Business: 3850 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931
 Mailing Address: 3850 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



03072006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3563674
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
 PLANTE, KELLY B
 225 S ADAMS STREET
 SUITE 250
 TALLAHASSEE, FL 32302-3189

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	
TITLE: D NAME: MORIARTY, EDWARD L STREET ADDRESS: 3850 S. BANANA RIVER BLVD. CITY-ST-ZIP: COCOA BEACH, FL 32931	<input type="checkbox"/> Delete
TITLE: D NAME: KIRSCHENBAUM, MALCOLM R STREET ADDRESS: 3850 S BANANA RIVER BLVD CITY-ST-ZIP: COCOA BEACH, FL 32931	<input type="checkbox"/> Delete
TITLE: S NAME: YOUNGS, JACQUELINE G STREET ADDRESS: 3850 S BANANA RIVE BLVD CITY-ST-ZIP: COCOA BEACH, FL 32931	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KIRSCHENBAUM, MALCOLM STREET ADDRESS: 3850 S. BANANA RIVER BLVD. CITY-ST-ZIP: COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward L. Moriarty Pres, RonJ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EDWARD L. MORIARTY
 Date: 4/18/06
 Daytime Phone #: 321 799 8888